

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43588**

BIRTH NO. _____		REG. DIST. NO. <b>379</b>		PRIMARY REG. DIST. NO. <b>6287</b>		Registrar's No. <b>16</b>	
1. PLACE OF DEATH a. COUNTY <b>Wright</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Wright</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Seymour Rt 1</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Seymour Mo Rt 1</b>		d. STREET ADDRESS (If rural, give location) <b>114 3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Levi</b> b. (Middle) <b>Thomas</b> c. (Last) <b>Munden</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 25 1949</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 25, 1872</b>		9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Phillip Munden</b>			13b. MOTHER'S MAIDEN NAME <b>Emma Carthcart</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Roy Weihs</b>		ADDRESS <b>Seymour Rt 1</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of stomach</b>					years ..	
	DUE TO (c)						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<b>151X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 15</b> , 1947, to <b>Dec 25</b> , 1949, that I last saw the deceased alive on <b>Dec 24</b> , 1949, and that death occurred at <b>9:00 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>D. H. Shortley, M.D.</b>				23b. ADDRESS <b>Barstville Mo</b>		23c. DATE SIGNED <b>12-28-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12-28-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mtn. Zion</b>		24d. LOCATION (City, town, or county) (State) <b>1/2 mile N.E. of Seymour Mo</b>			
DATE REC'D BY LOCAL REG. <b>1-5-50</b>	REGISTRAR'S SIGNATURE <b>Kurt Stout</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wesley Lovell Bergman</b>		ADDRESS <b>Seymour Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1950

RECEIVED JAN 10 1950

District Health Office No. 6,

District File Number 130-41

Date Filed 1-10-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.