

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 15 1950

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>71</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>12 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Levering Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>222 North Seventh</u>			
3. NAME OF DECEASED (Type or Print) <u>Olie Herman Munkel</u>			a. (First)			b. (Middle)	
c. (Last)			4. DATE OF DEATH <u>March 8, 1950</u>		5. DATE (Month) (Day) (Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>February 7, 1891</u>	
9. AGE (In years last birthday) <u>59</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>1</u>		11. BIRTHPLACE (State or foreign country) <u>Moscow Mills Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.B.&Q.</u>		11. BIRTHPLACE (State or foreign country) <u>Moscow Mills Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Munkel</u>			13b. MOTHER'S MAIDEN NAME <u>Lena Miller</u>			14. NAME OF HUSBAND OR WIFE <u>Bessie Munkel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Munkel</u>		ADDRESS <u>222 North Seventh</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Disease</u> ANTECEDENT CAUSES <u>arterial Hypertension</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> <u>443X</u>	
19a. DATE OF OPERATION <u>3</u>		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 <u>1-20, 1950</u> , to <u>3-8, 1950</u> , that I last saw the deceased alive on <u>3-7, 1950</u> and that death occurred at <u>5:17 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Kelly M.D.</u> (Degree or title)				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>3-9-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/10/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>New London Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3/10/50</u>		REGISTRAR'S SIGNATURE <u>W. H. Kelly</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Kelly</u>		ADDRESS <u>Hannibal Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 10 1950

APR 27 1950

MARION HEALTH DEPT.

DATE FILED MAR 18 1950

APR 27 1950

FEB 20 1953

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.

Signed _____

John S. Ward

Signed _____
Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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

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