

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11977

State File No. _____

No. 300
10.48

FILED MAY 12 1952

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 16

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| 1. PLACE OF DEATH a. COUNTY <u>Benton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warsaw</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warsaw</u> | |
| c. LENGTH OF STAY (in this place) <u>1 yr</u> | | d. STREET ADDRESS (If rural, give location) _____ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Side Rest Home</u> | | | |

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|-------------------------------------|------------------------|-----------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>EMMA</u> | b. (Middle) <u>CRAWFORD</u> | c. (Last) <u>MUNGER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 1952</u> |
|-------------------------------------|------------------------|-----------------------------|-------------------------|--|

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|----------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Sept 16, 1870</u> | 9. AGE (In years last birthday) <u>81</u> | if UNDER 1 YEAR Months <u>5</u> Days <u>17</u> | if UNDER 24 HRS. Hours _____ Mins. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>Edd Colbert</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE _____ |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Wren Crawford Springfield, Mo.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-Vasc. Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> | | | <u>UNK.</u> |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>Warsaw Benton MO</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>443X</u> |
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22. I hereby certify that I attended the deceased from 11 Sept, 1951, to 3 May, 1952, that I last saw the deceased alive on 3 May, 1952 and that death occurred at 8:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>David Holm M.D.</u> | 23b. ADDRESS <u>Warsaw Mo</u> | 23c. DATE SIGNED <u>5 May 52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 5, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Quinn's</u> | 24d. LOCATION (City, town, or county) (State) <u>Warsaw Benton Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>May 5, 1952</u> | REGISTRAR'S SIGNATURE <u>Geo. A. Logan</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John F. Reed Warsaw</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

180
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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

John J. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.