

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38559

State File No.

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 78

6000

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

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give town) Smithville	c. LENGTH OF STAY (In this place) 1 Day	c. CITY (If outside corporate limits, write RURAL and give township) Trimble	
d. FULL NAME OF HOSPITAL OR INSTITUTION Smithville Community Hoosp		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) E.	c. (Last) Munkirs	4. DATE OF DEATH (Month) (Day) (Year) Nov. 15 1953
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5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 21, 1870	9. AGE (In years last birthday) 83.	IF UNDER 1 YEAR Months 9 Days 25	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Benjamin Munkirs	13b. MOTHER'S MAIDEN NAME Martha Haynes	14. NAME OF HUSBAND OR WIFE Anna H. Peters
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Frank Munkirs	ADDRESS Trimble, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 71 Bypass	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clay County Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from **Nov 14, 1953**, to **Nov 15, 1953**, that I last saw the deceased alive on **Nov 15, 1953**, and that death occurred at **4:00 m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Mo.	23b. ADDRESS Smithville Mo	23c. DATE SIGNED 11/16/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-17-53	24c. NAME OF CEMETERY OR CREMATORY Providence Cemetery	24d. LOCATION (City, town, or county) (State) Clay Missouri
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DATE REC'D BY LOCAL REG. 11-18-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE McComas	ADDRESS Smithville, Mo.
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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 *Donald W. Hawks*

Licensed Embalmer No. *4528*

P. O. Address *Smithville, 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.