

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3748

State File No.

BIRTH NO. _____ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4152 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL) and give OR TOWN <u>Manfield</u>		c. CITY OR TOWN <u>Manfield</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		STREET ADDRESS (If rural, give location) <u>Manfield 1140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manfield Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Carlos</u> b. (Middle) <u>Lucius</u> c. (Last) <u>MUNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-5-55</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 4, 1869</u>
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Medical Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomington Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Lucius Munson</u>		13b. MOTHER'S MAIDEN NAME <u>E. Jane Hawkins</u>	
14. NAME OF HUSBAND OR WIFE <u>Julia Beale Munson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>W.W.I</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Julia Munson, Manfield</u>		ADDRESS <u>Manfield</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, asthenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Solar Inflammation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Disease</u>			
DUE TO (c) _____			
II. 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"/>			
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>490X</u>			
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? _____			
22. I hereby certify that I attended the deceased from <u>Jan 3</u> 19 <u>55</u> to <u>Jan 5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 4</u> , 19 <u>55</u> , and that death occurred at <u>6:45</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. W. Zimmerman</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Manfield Mo</u>	
23c. DATE SIGNED <u>1/5/55</u>			
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>1-6-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-5-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 344-7	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Don S. Ferrell</u>		ADDRESS <u>Manfield, Mo</u>	

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

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County File Number 155-3
Date Filed 1-15-55

JAN 19 1955

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.....
Signature of Student Embalmer

Signed *Don G. Ferrell*

Licensed Embalmer No. *484*

P. O. Address *Mansfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.