

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21936

State File No. \_\_\_\_\_

FILED JUL 25 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Calhoun</u>	
c. LENGTH OF STAY (In this place) <u>4 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>0420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor General</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Mildred</u> c. (Last) <u>Munday</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 19 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11-16-1892</u>		9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>13</u> IF UNDER 24 HRS. Hours Min.
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>Clerk</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Calhoun Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Calvin Maxwell</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Mullins</u>	14. NAME OF HUSBAND OR WIFE <u>M R Munday</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>495-01-2452</u>	17. INFORMANT'S SIGNATURE OR NAME <u>M R Munday</u>	ADDRESS <u>Calhoun 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Cancer Menus &amp; mounting</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 1952, to July 19, 1955, that I last saw the deceased alive on 7-29, 1955, and that death occurred at 8 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arnold M.D.</u>	23b. ADDRESS <u>Windsor Mo.</u>	23c. DATE SIGNED <u>7/21-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-22-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun</u>	24d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-21-55</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	422- <u>0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. A. Houser</u>	ADDRESS <u>Calhoun Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

JUL 13 1964

**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

*J. R. Housey*

Licensed Embalmer No. *3502*

P. O. Address *Dalhousie N.S.*

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.