

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 27 1957 STANDARD CERTIFICATE OF DEATH

State File No. 16522

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 1291 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Kearney-TWP		c. LENGTH OF STAY (in this place) 5 Days	c. CITY OR TOWN Excelsior Springs
d. FULL NAME OF HOSPITAL OR INSTITUTION Clay County Home		STREET ADDRESS (If rural, give location) 151 E. 1ST ST Near Chandler, Missouri	

3. NAME OF DECEASED (Type or Print) a. (First) Effie b. (Middle) May c. (Last) Munkirs			4. DATE OF DEATH (Month) (Day) (Year) May 12 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 6, 1886	9. AGE (In years last birthday) 71 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, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Kearney, Mo.	
13a. FATHER'S NAME B. R. Munkirs			13b. MOTHER'S MAIDEN NAME Martha Haynes		14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR ADDRESS Mrs. Mary Reynolds - Excelsior Springs		
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Aneurysm 4 days 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 331x		20. AUTOPSY? 2 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)	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 1957 to 19, 19 , that I last saw the deceased alive on May 10 1957 and that death occurred at 7:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE Wm. H. ...	23b. ADDRESS Liberty Mo	23c. DATE SIGNED 5/13/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 14, 1957	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Excelsior Springs, Missouri
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DATE REC'D BY LOCAL REG. 5-16-57	REGISTRAR'S SIGNATURE Mabel Graham	25. FUNERAL DIRECTOR'S SIGNATURE Virgil Hope	ADDRESS Excelsior Springs Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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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, ~~by~~, Student Embalmer No.

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *James A. Moles*

Licensed Embalmer No. *3296*

P. O. Address *Ex Springs*

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.