

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000062
STATE FILE NUMBER

health, Welfare public service
300 1-56
ALL diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Doctor, coroner, etc., must use only standard nomenclature in Part I. No symptoms will be listed.

FILED JAN 13 1959		Registration District No. <u>4</u>	Primary Registration District No. _____	Registrar's No. <u>107</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY <u>Atchison</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tarkio</u>		Inside Limits Year <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Tarkio</u>	Inside Limits Year <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>800 Broad St.</u>		Length of stay in 1b _____	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>MYRTLE</u> Middle <u>UNDINE</u> Last <u>MUINCH</u>			Month <u>Jan.</u> Day <u>6</u> Year <u>1959</u>	
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH	
<u>Female</u>	<u>White</u>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	<u>Dec. 5, 1889</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)	
<u>Housekeeper</u>		<u>Own home</u>	<u>69</u>	
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?		
<u>Fairfax, Missouri</u>		<u>U.S.A.</u>		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
<u>L. H. Muinch</u>		<u>Maggie Jane Walkup</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Address	
<u>No</u>		<u>None</u>	<u>Flora Muinch Tarkio, Missouri</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Carcinomatosis</u>				<u>8 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Origin undetermined</u>				
DUE TO (c) _____				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
				<u>1992</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>10/9/50</u> to <u>1/6/59</u> and last saw her him alive on <u>1/6/59</u>				
Death occurred at <u>3:20</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title)		22b. ADDRESS		22c. DATE SIGNED
<u>Niedermeyer M.D.</u>		<u>Tarkio Mo.</u>		<u>1/8/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR PLACE OF BURIAL	23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>	<u>Jan. 9, 1959</u>	<u>Home Cemetery</u>	<u>Tarkio Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
<u>Schooler Funeral Home</u>		<u>Jan. 8, 1959</u>	<u>Harvin V. Schooler</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{No.} _____
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Marvin H. Schoole* _____

Licensed Embalmer No. *410*

P. O. Address *Fairfax*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.