

RI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002727

FILED VS JAN 28 1960

Registration District No. <u>967</u>		Primary Registration District No. <u>5902</u>		Registrar's No. <u>7</u>		STATE FILE NUMBER	
1. PLACE OF DEATH a. COUNTY <u>Permisecot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Permisecot</u>			
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Hayth</u>		Length of stay in 1b		c. CITY OR TOWN <u>Hayth MO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hayth MO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>N-W. of Hayth MO</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Munger</u> Last <u>Munger</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>6</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-5-00</u>	9. AGE (last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>7</u>	IF UNDER 24 HR Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cotton Mowing</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cotton Farm</u>		11. BIRTHPLACE (City and state or country) <u>West Point, Miss</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>W. C. Munger</u>		13b. MOTHER'S MAIDEN NAME <u>Gracie Munger</u>		13c. NAME OF HUSBAND OR WIFE <u>Estella Munger</u>			
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>428-36-2522</u>		17. INFORMANT <u>Estella Munger</u> Address <u>Hayth MO</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Unknown</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ Month, Day, Year _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____ to _____ and last saw her/him alive on <u>never</u> Death occurred at <u>4:30 PM</u> <u>1/6/60</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>William O. Bryant M.D.</u>				22b. ADDRESS <u>Hayth MO</u>		22c. DATE SIGNED <u>1/8/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1-17-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Concord</u>		23d. LOCATION (City, town, or county) <u>Hayth MO</u>		23e. STATE <u>MO</u>	
24. FUNERAL DIRECTOR <u>J. J. Smith</u> Address <u>Hayth MO</u>		25. DATE RECD. BY LOCAL REG. <u>1-19-60</u>		26. REGISTRAR'S SIGNATURE <u>Dr. Hilda Adams</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

NOV 2 1980

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

Student _____
Signature of Student Embalmer

Signed *Wm. A. Hill*

Licensed Embalmer No. 2627
P. O. Address 2260 W. 14th

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.