

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041226

FILED VS NOV 22 1960 46

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Caldwell				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Mo. b. COUNTY Caldwell					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kidder Twp.		Length of stay in 1b Lifetime		c. CITY OR TOWN Cameron		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 mi. S-E Cameron			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R.#4 Cameron,		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First EZRA Middle MUNSON Last _____				4. DATE OF DEATH Month Nov. Day 9 Year 1960					
5. SEX Male		6. COLOR OR RACE Cauc.		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb. 7, 1892		9. AGE (last birthday) 68	
IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Caldwell Co. Mo.				12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Tunis Munson				13b. MOTHER'S MAIDEN NAME Fannie Ellis		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 487-42-7417		17. INFORMANT James Munson, Cameron, Mo.			Address _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Immediate 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m.		Month, Day, Year _____							
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 Feb 3, 1952 to Nov 9, 1960 and last saw him alive on Nov 1960 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE [Signature] (Degree or title) M.D.				22b. ADDRESS Cameron, Mo.				22c. DATE SIGNED 11-10-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 11, 1960		23c. NAME OF CEMETERY OR CREMATORY Graceland		23d. LOCATION (City, town, or county) (State) Cameron, Mo.			
24. FUNERAL DIRECTOR Poland Funeral Home, Cameron, Mo. ADDRESS _____				25. DATE RECD. BY LOCAL REG. 11-14-60		26. REGISTRAR'S SIGNATURE Gladys Jones			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Robert J. Pollock

Licensed Embalmer No. 47
2122
P. O. Address Camden

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