SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

'MENT OF PUBLIC HEALTH AND WELFARE

-61-047918

STATE FILE NUMBER

AMENDED

Registration District No. 333 Primary Registration District No. 4520 Registrar's No. 9

FILED JAN 23 1962

1. PLACE OF DEATH
a. COUNTY Texas

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Summersville
Length of stay in 1b

c. CITY OR TOWN Summersville
Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home
Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Wanda Middle: Pauline Last: Fair

4. DATE OF DEATH Month: November Day: 23, Year: 1961

5. SEX F.

6. COLOR OR RACE W.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 11/27/67

9. AGE (last birthday) 94

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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Berlin, Germany

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Carl Muench

13b. MOTHER'S MAIDEN NAME Pauline Duncan

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)

16. SOCIAL SECURITY NO. None

17. INFORMANT Pearl Hawkins Address Smsville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH 1 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary Occlusion

DUE TO (c) Arteriosclerotic Hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 1953, to 1961 and last saw her alive on Nov 28, 1961

Death occurred at 2:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lawrence Hampton (Degree or title) DO

22b. ADDRESS Summersville

22c. DATE SIGNED 1/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12/1/61

23c. NAME OF CEMETERY OR CREMATORY Smsville City Cem.

23d. LOCATION (City, town, or county) (State) Summersville, Missouri

24. FUNERAL DIRECTOR ADDRESS Duncan Funeral Home Mtn. View, Mo.

25. DATE RECD. BY LOCAL REG. 1-18-62

26. REGISTRAR'S SIGNATURE Julia Powell

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Joel R. Duncan

Signature of Student Embalmer

Licensed Embalmer No. 4325

P. O. Address Inter. Univ

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