S. No. 300
v. 10.48

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

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29625

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4119 Registrar's No. 47

21
20

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salisbury
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salisbury
d. STREET ADDRESS (If rural, give location) —

21
20

3. NAME OF DECEASED (Type or Print) a. (First) Calvin b. (Middle) Higgins c. (Last) Munsell

4. DATE OF DEATH (Month) 8 (Day) 13 (Year) 1949

5. SEX male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Aug-9-1855

9. AGE (In years last birthday) 94 — IF UNDER 1 YEAR Months 0 Days 4 — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Telephone Exchange manager

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Penn.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Daniel A Munsell

13b. MOTHER'S MAIDEN NAME Hope S Kidnore

14. NAME OF HUSBAND OR WIFE Ida Belle Cline Munsell

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. no

17. INFORMANT'S SIGNATURE OR NAME Dr. P.C. Sweeney ADDRESS Salisbury

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cerebral sclerosis — 4 yrs.
DUE TO (c) senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 332X

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 9, 1948 *to* Aug 13, 1949, *that I last saw the deceased alive on* Aug 12, 1949 *and that death occurred at* 9:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE F L Stevens (Degree or title) MD
23b. ADDRESS Salisbury Mo
23c. DATE SIGNED 8-24-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-15-1949
24c. NAME OF CEMETERY OR CREMATORY Salisbury
24d. LOCATION (City, town, or county) Salisbury (State) Mo

DATE REC'D BY LOCAL REG. 8/24/49
REGISTRAR'S SIGNATURE E W Hawkins
25. FUNERAL DIRECTOR'S SIGNATURE Geo B Winkelmeyer **ADDRESS** Salisbury

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 29

District Health Officer No. 8,

District File Number _____

Date Filed 9-16-49

JUL 12 1956

JUN 4 1951

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, or by _____, Student Embalmer No. _____, working under my personal supervision.

Signed Geo B Winkelmeyer

Licensed Embalmer No. 2125

P. O. Address Salisbury Md

Signed _____
Student Embalmer

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 this body is not embalmed, fact should be so stated above.