

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24142**

FILED AUG 4 - 1953

BIRTH NO.		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 5784		Registrar's No. 34			
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Millersville		c. LENGTH OF STAY (In this place) 40yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Millersville		0160 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION R F D-Near Burfordsville				d. STREET ADDRESS (If rural, give location) Near Burfordsville					
3. NAME OF DECEASED (Type or Print) James Isaac Mungle			a. (First) James b. (Middle) Isaac c. (Last) Mungle			4. DATE OF DEATH July 27 1953 (Month) (Day) (Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 13 1881			
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		9. AGE (In years last birthday) 72 If under 1 year: Months Days Hours Min.			
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			11b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (City and State or Foreign Country) Bollinger County, Missouri			
12. CITIZEN OF WHAT COUNTRY? U S A			13a. FATHER'S NAME George Mungle		13b. MOTHER'S MAIDEN NAME Anna Grant		14. NAME OF HUSBAND OR WIFE Susan Mungle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Susan Mungle, Millersville, Mo					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Coronary Sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 5 yrs + 10 yrs			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 12/16 , 19 48 , to July 24 , 19 53 , that I last saw the deceased alive on July 24 , 19 53 , and that death occurred at 10 A m., from the causes and on the date stated above.				23a. SIGNATURE John Crowe (Degree or title) and		23b. ADDRESS Cape Girardeau Mo	
23c. DATE SIGNED July 28/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 29 1953		24c. NAME OF CEMETERY OR CREMATORY Lorimier Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau Missouri	
DATE REC'D BY LOCAL REG. July 28 53		REGISTRAR'S SIGNATURE D. G. Lubin		43-5		25. FUNERAL DIRECTOR'S SIGNATURE L. A. Haman		ADDRESS Cape Girardeau Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student

Student Embalmer

Signed.....



Licensed Embalmer No. 2863.....

P. O. Address Cape Girardeau, Mo.

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.