

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17934

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. Francois Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u> <u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farmington, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.1.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mae</u> b. (Middle) <u>Adeline</u> c. (Last) <u>Mund</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 5 1881</u>		9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Francois Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Eli Hopkins</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Mason</u>		14. NAME OF HUSBAND OR WIFE <u>Ed Mund</u>	
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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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Hazel Guyton, Bonne Terre, Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DUE TO (b) <u>Coronary Disease + hypertension 1 1/2 yrs</u>				<u>7 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Flu</u>				<u>4201</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Flu</u>						<u>11 da.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Minute)		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 April 25, 1950, to May 5, 1950, that I last saw the deceased alive on May 5, 1950, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Geo. R. Watkins Sr. M.D.</u>		23b. ADDRESS <u>Farmington, Mo</u>		23c. DATE SIGNED <u>5-6-50</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/7/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marvin Chapel Cem. St. Francois, County Mo</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francois, County Mo</u>	
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DATE REC'D BY LOCAL REG. <u>May 7, 1950</u>		REGISTRAR'S SIGNATURE <u>Ether Rulloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miller Funeral Home, Farmington Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

0940

RECEIVED

MAY 15 1950

HEALTH OFFICE No. 4

No. 550-697

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 Paul Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington New

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.