

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

291951

State File No. _____

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>10</u> | | PRIMARY REG. DIST. NO. <u>3002</u> | | Registrar's No. <u>158</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Audrain</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico, Missouri</u> | | c. LENGTH OF STAY (in this place) <u>40 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico, Missouri</u> | | d. STREET ADDRESS (If rural, give location) <u>515 North Western</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mexico Methodist Church</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>EDITH</u> | | b. (Middle) <u>JANE</u> | | c. (Last) <u>MUNDY</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>Oct 5, 1890</u> | |
| 9. AGE (In years last birthday) <u>58</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 2 HRS. Hours _____ Min. _____ | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 11, 1949</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Edward C.S. Miller</u> | | 13b. MOTHER'S MAIDEN NAME <u>Carrie Baumgardner</u> | | 14. NAME OF HUSBAND OR WIFE <u>Emmett Mundy</u> | | | |
| 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 Marion Prockett, Mexico mo</u> | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary failure</u> ANTECEDENT CAUSES • Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis + heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholecystitis + Cholelithoses</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>10 yrs</u> <u>4/20</u> <u>15 yrs</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) | | 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 <u>April 12, 1947</u> , to <u>Sept 11, 1949</u> , that I last saw the deceased alive on <u>Aug 20, 1949</u> , and that death occurred at <u>10:15 A m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>E. Kallenbach</u> | | (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Mexico, mo</u> | | 23c. DATE SIGNED <u>Sept 13, 1949</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept 13, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Sept 13-1949</u> | | REGISTRAR'S SIGNATURE <u>Blanche Neely</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clis Unseed</u> | | ADDRESS <u>Mexico, mo</u> | |

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

MAY 16 1951

RECEIVED SEP 19 1948
District Health Officer No. 10
District File Number 9-49-1611
Date Filed SEP 19 1948

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 *Clas Arnold*

Licensed Embalmer No. 3569

P. O. Address Mexico

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.