No. 300
10.48

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

FILED AUG 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22723

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 23

0070 1

1. PLACE OF DEATH
a. COUNTY: BATES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICH HILL.
c. LENGTH OF STAY (in this place): 64 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 502 E. CEDAR ST

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BATES.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICH HILL. 0070
d. STREET ADDRESS (If rural, give location): 502 E. CEDAR ST.

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): ELIZABETH LOUISE KUNDRS.

4. DATE OF DEATH (Month) (Day) (Year): AUGUST-5-1950

5. SEX: FEMALE 1

6. COLOR OR RACE: WHITE.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2

8. DATE OF BIRTH: OCT. 23-1885

9. AGE (In years last birthday): 64 — If under 1 year: Months / Days — If under 24 hrs.: 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 (State or foreign country): RICH HILL, MISSOURI.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FRITZ ULRICH -

13b. MOTHER'S MAIDEN NAME: CAROLYN AULTIN.

14. NAME OF HUSBAND OR WIFE: DANIEL KUNDRS.

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'S SIGNATURE OR NAME: Mrs. Annie Powell
ADDRESS: Rich Hill, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) [illegible]

DUE TO (c)

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

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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* Aug 5, 1950 *to* Aug 5, 1950, *that I last saw the deceased alive on* Aug 5, 1950, *and that death occurred at* 11 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] **(Degree or title)** MD **23b. ADDRESS** Rich Hill Mo **23c. DATE SIGNED** Aug 5 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL.

24b. DATE: AUG-7-1950

24c. NAME OF CEMETERY OR CREMATORY: LUTHERAN CEM.

24d. LOCATION (City, town, or county) (State): RICH HILL MISSOURI

DATE REC'D BY LOCAL REG.: Aug. 9. 1950

REGISTRAR'S SIGNATURE: Mrs. Edna Douglass

25. FUNERAL DIRECTOR'S SIGNATURE: Bell Funeral Serv.
ADDRESS: Rich Hill, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-11-50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 8-11-50

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 Robert D. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.