

FILED NOV 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37866

State File No. ....

 BIRTH NO. 45680-51 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Rural Mineral top</b>		c. LENGTH OF STAY (in this place) <b>3mo</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Rtl-Webb City</b>		d. STREET ADDRESS (If rural, give location) <b>Rural 3miles N. Webb City, Mo</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural Rt 1 Webb City, Mo</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>DEBRA</b>			b. (Middle) <b>LOUISE</b>		c. (Last) <b>RUNDLE</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>November 11, 1951</b>	5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>July 24, 1951</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins. <b>0 3 17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Alanzo Rundle</b>		13b. MOTHER'S MAIDEN NAME <b>Geraldine Fettle</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Arthur Rundle Webb City, Missouri</b>		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
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) <b>490X</b>			
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>11-10</u> , 19 <u>51</u> , to <u>11-11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-11</u> , 19 <u>51</u> , and that death occurred at <u>5 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>G. B. Munson M.D.</b>			23b. ADDRESS <b>Webb City, Mo</b>		23c. DATE SIGNED <b>11-14-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 14, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Carl Junction Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Carl Junction, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Nov 14-51</b>	REGISTRAR'S SIGNATURE <b>D. L. Strickland</b>	137	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hedge Lewis Webb City, Mo.</b>		

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

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RECEIVED 11-20-51

Jasper County Health Office

County File Number 51/11/859

Date Filed 11-29-51

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 Leland J. Lewis, Jr.

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.