

STANDARD CERTIFICATE OF DEATH

39174

State File No. 39174

NOV 18 1952

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 790

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Webb City, Mo		c. CITY (If outside corporate limits, write RURAL and give township) Carterville	
c. LENGTH OF STAY (In this place) 42 Yrs		d. STREET ADDRESS (If rural, give location) 127 E. Hannum	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital			

3. NAME OF DECEASED (Type or Print) Katie	a. (First) E. b. (Middle) Pundy	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Nov 11 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 8-1876	9. AGE (In years) 76	IF UNDER 1 YEAR last birthday Months 9 Days 2	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 None	11. BIRTHPLACE (State or foreign country) Bloomington, Co. Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME William Webber	13b. MOTHER'S MAIDEN NAME Anna Worthman	14. NAME OF HUSBAND OR WIFE John A. Pundy Deceased
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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 AND ADDRESS Rev Roy Pundy, Carterville, Mo (Son)
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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, athenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 11-6-52	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Recumbency			10-31-52
	DUE TO (c) Fracture Rt hip			10-31-52
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9040 21				

19a. DATE OF OPERATION 11-4-52	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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carterville Jasper Mo.
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10 31 52 A.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell in home
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22. I hereby certify that I attended the deceased from 11-1, 1952, to 11-10, 1952, that I last saw the deceased alive on 11-10, 1952, and that death occurred at 2 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 624 N. Bldg., Webb City, Mo	23c. DATE SIGNED 11/11/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-12-1952	24c. NAME OF CEMETERY OR CREMATORY Mount Hope	24d. LOCATION (City, town, or county) (State) Webb City, Missouri
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DATE REC'D BY LOCAL REG. 11-12-52	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Hedge-Lewis Webb City, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-17-52
Jasper County Health Office

County File Number 52/11/882

Date Filed 11-17-52

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

Richard Gray Lewis

Licensed Embalmer No.

4405

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.