No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41441

FILED JAN 7 - 1953 BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 201

043
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1. PLACE OF DEATH
a. COUNTY: AUDRAIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MEXICO
c. LENGTH OF STAY (In this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AUDRAIN Co. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: AUDRAIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MEXICO 0043
d. STREET ADDRESS (If rural, give location): TROLLEY HEIGHTS 0

3. NAME OF DECEASED (Type or Print): a. (First) HERMON b. (Middle) E c. (Last) MUNDY
4. DATE OF DEATH (Month) (Day) (Year): DEC 30 - 52
5. SEX: M
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG 8 - 1878
9. AGE (In years last birthday): 74 — 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): FARMER - RETIRED
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): MORGAN Co. ILL
12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME: ROBIN E. MUNDY
13b. MOTHER'S MAIDEN NAME: REBECCA WESTROPE
14. NAME OF HUSBAND OR WIFE: DOLLIE A. MUNDY
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: DOLLIE A. MUNDY — ADDRESS: MEXICO, MO

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension
DUE TO (c): Senility
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒ — 331X

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* 1944, 19__, *to* Dec 29, 1952, *that I last saw the deceased alive on* Dec 29, 1952, *and that death occurred at* 12:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. A. Barrett (Degree or title) D.O.
23b. ADDRESS: Mexico Mo
23c. DATE SIGNED: 12-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-31-52
24c. NAME OF CEMETERY OR CREMATORY: ELMWOOD CEMETERY
24d. LOCATION (City, town, or county) (State): MEXICO, MO

DATE REC'D BY LOCAL REG.: Dec 31 - 1952
REGISTRAR'S SIGNATURE: Blanche Reely 9-0
25. FUNERAL DIRECTOR'S SIGNATURE: CHAS ARNOLD, JR — ADDRESS: MEXICO, MO

(Licensed Embalmer's Statement on Reverse Side)

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 G. McDonald

Licensed Embalmer No. 4825

P. O. Address Mexico, 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.