

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1504**

FILED JAN 27 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar 3

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Oklahoma</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Henryetta city</u>	
c. LENGTH OF STAY (If this place) <u>20 Days</u>		d. STREET ADDRESS <u>R.R.#1</u> (If rural, give location) <u>8250</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kansas City Osteopathic Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Mary</u> b. (Middle) <u>Ethel</u> c. (Last) <u>Rundell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1, 1954</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>March 7, 1883</u>
		9. AGE (In years) <u>70</u> (Specify birthday) Months _____ Days _____	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>
		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Centropolis, Kas.</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Arnold</u>		13b. MOTHER'S MAIDEN NAME <u>Isabel Byerly</u>	14. NAME OF HUSBAND OR WIFE <u>Walter L. Rundell</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 <u>Mrs C.H. Gleason</u> ADDRESS <u>1135 East 65th St.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial failure few days</u>		INTERVAL BETWEEN ONSET AND DEATH <u>✓</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial infarction</u>		<u>✓</u>	
DUE TO (c) <u>Coronary artery Occlusion</u>		<u>✓</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Hypertension</u>		<u>years</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	<u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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>Dec. 23, 1953</u> , to <u>Jan. 1, 1954</u> , that I last saw the deceased alive on <u>Jan. 1, 1954</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. M. Schindler</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>M.C. 2201</u>	23c. DATE SIGNED <u>Jan. 1-1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Jan. 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Centropolis, Kas.</u>
DATE REC'D BY LOCAL REG <u>1-1-54</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. E. Quirk</u> ADDRESS <u>Funeral Home 4316 Troost Ave</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 15 1955

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 _____

.....
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed Thomas E. Quirk

Licensed Embalmer No. 3775

P. O. Address A. C. 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.