

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26178**

FILED AUG 31 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>		c. CITY OR TOWN <b>Mexico</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 hr</b>		e. STREET ADDRESS (If rural, give location) <b>Trolley Heights 0043</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain County Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dollie</b> b. (Middle) <b>A.</b> c. (Last) <b>Mundy</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 25, 1954</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>June 18, 1881</b>		9. AGE (In years last birthday) <b>73</b>		10. UNDER 1 YEAR Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Audrain County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Sachary Taylor Morris</b>		13b. MOTHER'S MAIDEN NAME <b>Maxie Washington Tilman</b>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Mundy, Mexico, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Endocarditis</b> DUE TO (c) <b>Brainclites</b> ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1/2 hr</b> <b>3 yrs</b> <b>10 yrs</b>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>501X</b>		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>Mexico, Audrain Co, Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 1925, 1925, to Aug 25, 1954, that I last saw the deceased alive on Aug 25, 1954, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. A. Gavel D.O.</b> (Degree or title)		23b. ADDRESS <b>Mexico, Mo</b>		23c. DATE SIGNED <b>8/26/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-27-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>Aug 27 1954</b>		REGISTRAR'S SIGNATURE <b>Blanche Kelly</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>ARNOLD FUNERAL HOME</b> ADDRESS <b>MEXICO, MO</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....  
Signature of Student Embalmer

Signed *Richard G. Medina*.....

Licensed Embalmer No. *782*.....

P. O. Address *Medina*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.