

REC'D DEC 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39986
State File No.

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 441

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scotland	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville,	c. LENGTH OF STAY (In this place) 9 days	c. CITY OR TOWN Memphis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital		e. STREET ADDRESS (If rural, give location) 120 E. Mety Ave. 0990	

3. NAME OF DECEASED (Type or Print)	a. (First) Hazel Louise	b. (Middle) Rondurant	c. (Last) Rondurant	4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1954
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 20, 1907	9. AGE (In years last birthday) 46	10. MONTHS 1	11. DAYS 16	12. HOURS 1	13. MIN. 40
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY Burlington Ordinance Plant Koolok Rubber Co.	11. BIRTHPLACE (City and State or Foreign Country) Scotland	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Robt. Ridge	13b. MOTHER'S MAIDEN NAME Rosa Donaldson	14. NAME OF HUSBAND OR WIFE Oscar Rondurant
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 367-18-1351	17. INFORMANT'S SIGNATURE OR NAME Oscar Rondurant,	ADDRESS Memphis, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hr & 40 m unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory collapse</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Acute dilation of heart</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic thyroiditis and tracheal edema</u>			

19a. DATE OF OPERATION <u>12-14-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Thyroidectomy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>254X</u>
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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?
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22. I hereby certify that I attended the deceased from 11-20-54, 1954, to 12-16-54, 1954, that I last saw the deceased alive on 12-17-54, 1954, and that death occurred at 12:10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul Hanzel Jr. D.O.</u>	23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>12-18-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec. 19, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memphis</u>	24d. LOCATION (City, town, or county) (State) <u>Memphis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-21-54</u>	REGISTRAR'S SIGNATURE <u>Hate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Berth Baubert</u>	ADDRESS <u>Memphis</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

SEP 9 1954

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 *Fred Girth*

Licensed Embalmer No. *42*

P. O. Address *Memphis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.