

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23230

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 76

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|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Davless | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Davless | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Gallatin | | c. LENGTH OF STAY (in this place) 3 Mo. | c. CITY OR TOWN Jamesport | | d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Gallatin, Missouri | | | STREET ADDRESS (If rural, give location) 0310 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Rhoda b. (Middle) _____ c. (Last) Mundell | | | 4. DATE OF DEATH (Month) (Day) (Year) July 9 1956 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Feb. 17-1878 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months 4 Days 22 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Page, Center, Iowa | | 12. CITIZEN OF WHAT COUNTRY? US |
| 13a. FATHER'S NAME Frank Wiar | | 13b. MOTHER'S MAIDEN NAME Ethzelda Taylor | | 14. NAME OF HUSBAND OR WIFE George Mundell | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stanley Mundell, Gallatin, Missouri | | |
| 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) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ 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 4221 | | | | 20. AUTOPSY? YES <input 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) | | | |
| 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 Jan 10, 1956 , to July 9, 1956 that I last saw the deceased alive on July 8, 1956 , and that death occurred at 6:20 PM , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Dr. B. Bailey | | | 23b. ADDRESS Jamesport Mo. | | 23c. DATE SIGNED 7-14-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11 July 1956 | 24c. NAME OF CEMETERY OR CREMATORY Jamesport Memorial Cemetery Jamesport, Missouri | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. 7-19-56 | REGISTRAR'S SIGNATURE Virginia M. Engelhart | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harvey C. Robertson - Jamesport, Mo. (Licensed Embalmer's Statement on Reverse Side) | | | |

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 *P. S. Roberson*.....

Licensed Embalmer No. *324*

P. O. Address *Jamesport*

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.