

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 14 1957

State File No. **12614**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **86** PRIMARY REG. DIST. NO. **5328** Registrar's No. **2-1957**

1. PLACE OF DEATH a. COUNTY <b>Crawford</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Leasburg Rural Liberty Twp.</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Leasburg</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At home</b>			• STREET ADDRESS (If rural, give location) <b>3 1/2 mi. S.E. of Leasburg</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Corinthia</b> b. (Middle) <b>MAY</b> c. (Last) <b>Rundquist</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 11 1957</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb 16 1924</b>		9. AGE (In years last birthday) <b>33</b> Months <b>2</b> Days <b>25</b> If UNDER 1 YRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Riley Co. Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Roberts</b>		13b. MOTHER'S MAIDEN NAME <b>Lorena Jones</b>		14. NAME OF HUSBAND <b>Edwin Rundquist</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edwin Rundquist Leasburg, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>  DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>  <b>Unknown</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332x</b>		20. AUTOPSY? <b>2</b> 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>5-3</b> , 1957, to <b>5-11</b> , 1957, that I last saw the deceased alive on <b>5-8</b> , 1957, and that death occurred at <b>2:00 AM.</b> , from the causes and on the date stated above.						
23. SIGNATURE (Degree or title) <b>C. E. Canahan MD</b>			23b. ADDRESS <b>Bonham, Mo.</b>		23c. DATE SIGNED <b>5-11-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-13-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cross Roads</b>	24d. LOCATION (City, town, or county) (State) <b>Leasburg Mo</b>			
DATE REC'D BY LOCAL REG <b>5-11-1957</b>		REGISTRAR'S SIGNATURE <b>W. C. Davis Deputy</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kerman A. Shaver Cuba, Mo.</b>		

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

378

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.....

Licensed Embalmer No. 4673

P. O. Address Cuba, N.Y.

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.