

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006092
STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 98

300
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 211 MOFFET AVE.		Length of stay in 1b 20 YRS	d. STREET ADDRESS 211 MOFFET AVE.
3. NAME OF DECEASED (Type or print) First FAYE Middle B. Last MUNDY			4. DATE OF DEATH FEBRUARY 22, 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 3, 1919
9a. AGE (In years last birthday) 39		9b. UNDER 1 YEAR Months Days Hours Min.	9c. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE - FAYE & JERRY'S TAVERN		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SHERWIN, Ks.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME CLAUDE D. KIRK	13b. MOTHER'S MAIDEN NAME SARAH YOUNG
14. NAME OF HUSBAND OR WIFE GEROLD (JERRY) MUNDY		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. UNK
17. INFORMANT JERRY MUNDY, 211 MOFFET, JOPLIN, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION			INTERVAL BETWEEN ONSET AND DEATH INST.
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from DID NOT ATTEND and last saw her him alive on 3 Death occurred at _____ m on the date stated above; and to the best of my knowledge, on the grounds stated.			
22a. SIGNATURE <i>George Hickam Sheriff</i>		22b. ADDRESS <i>by Charles Miller acting Council</i>	22c. DATE SIGNED 2/25/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-25-58	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,
23d. LOCATION (City, town, or county) JOPLIN, MISSOURI		(State)	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 2-27-1958	26. REGISTRAR'S SIGNATURE <i>Steve Merriam</i>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Jasper County Health Office
County File Number 58-3-219
Date Filed Nov 3 1958

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 *F. M. Jones*

Licensed Embalmer No. 3319

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