Health, & Welfare Public Services

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025696

STATE FILE NUMBER 3167

FILED JUL 17 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Lukes — Length of stay in 1b 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Linn
c. CITY OR TOWN Browning — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) R.R. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Cindy Middle: Susan Last: Mundell

4. DATE OF DEATH Month: June Day: 24 Year: 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 7-15-56
9. AGE (In years last birthday) 1 yr. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (City and state or country) Browning, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Junius L. Mundell
13b. MOTHER'S MAIDEN NAME Lou Ann Edmundson
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Junius Mundell — Address Browning Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fibrocystic Pancreatic
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bronchopneumonia
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 ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 6-21-58, to 6-24-58 and last saw her/him alive on 6-24-58
Death occurred at 7:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harry M Gilkey MD (Degree or title)
22b. ADDRESS 1624 Prof Bldg
22c. DATE SIGNED 6-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6-26-58
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) (State) Browning, Mo.

24. FUNERAL DIRECTOR Wade Mortuary — ADDRESS Browning, Mo
25. DATE RECD. BY LOCAL REG. 6-27-58
26. REGISTRAR'S SIGNATURE Neva Minchall

(Licensed Embalmer's Statement on Reverse Side)

Harry M. Gilkey

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 John P. Dilmon

Licensed Embalmer No. 4531

P. O. Address Kansas City,

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.