

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033132

STATE FILE NUMBER

FILED SEP 23 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 390

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>Independence</u>		c. CITY OR TOWN <u>Independence, Mo.</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION (NOT in hospital, give location) <u>Indep. Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1826 Home Ave</u>	
3. NAME OF DECEASED (Type or print) First <u>Hilla</u> Middle <u>Gundy</u> Last <u>Gundy</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>14</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June-14-1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	9. AGE (In years last birthday) <u>78</u> MONTHS <u>0</u> DAYS <u>0</u> HOURS <u>0</u> MIN. <u>0</u>
13a. FATHER'S NAME <u>George Williamson</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Williamson</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	14. NAME OF HUSBAND OR WIFE <u>E. J. Thomas Gundy</u>
17. INFORMANT <u>Mr. E. J. Thomas Gundy</u>		Address <u>Indep. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma, at base</u> DUE TO (b) <u>Carcinoma, stomach</u> DUE TO (c) <u>151X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>			INTERVAL BETWEEN ONSET AND DEATH <u>yr.</u>
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.) <u>2</u>	
20c. TIME OF INJURY Hour <u>12</u> Month <u>5</u> Day <u>1958</u> a.m. <u>P</u> p.m.		20f. CITY, TOWN, OR LOCATION <u>Independence</u> COUNTY <u>Jackson</u> STATE <u>Missouri</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>151X</u>	
21. Attended the deceased from <u>July 5, 1958</u> to <u>Sept 14, 1958</u> and last saw <u>her</u> alive on <u>Sept 13, 1958</u> Death occurred at <u>12:05 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John Richard Trues</u>		22b. ADDRESS <u>10901 Union Rd Indep</u>	
22c. DATE SIGNED <u>9-15-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept-16-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Independence Missouri</u>
24. FUNERAL DIRECTOR <u>Poland A. Speaks</u>		25. DATE RECD. BY LOCAL REG. <u>9-16-58</u>	
ADDRESS <u>Indep. Mo</u>		26. REGISTRAR'S SIGNATURE <u>James K. K...</u>	

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

Roland R. Speer

Licensed Embalmer No. *3604*

P. O. Address *Indy, 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.