

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033722
State File No.

FILED SEP 29 1958

BIRTH NO. 66481-58 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 372

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rt #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bobwell Memorial</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u>	b. (Middle) <u>Susan</u>	c. (Last) <u>McMunda</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 25, 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>9-16-58</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>0</u> <u>9</u> <u>0</u> <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Sedalia Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Olin McMunda</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Gertrude Lee</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Ann McMunda</u>	ADDRESS <u>Rt #1</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Neonatal Atelectasia</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prolonged Difficult delivery 9 days</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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) <u>7620</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 25, 1958, to Sept 25, 1958, that I last saw the deceased alive on Never, 1958, and that death occurred at 1:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Albert J. Campbell, M.D.</u> (Degree or title)	23b. ADDRESS <u>310 1/2 So. Ohio Sedalia, Mo.</u>	23c. DATE SIGNED <u>9-25-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 26 58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-26-58</u>	REGISTRAR'S SIGNATURE <u>Francois Shelby</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Langalin</u> ADDRESS <u>Sedalia Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed..... *K.P.M. Cray*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia 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 this body is not embalmed, fact should be so stated above.