

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **25862**

FILED AUG 20 1953

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5935** Registrar's No. **241**

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia			
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2				d. STREET ADDRESS (If rural, give location) Route 2			
3. NAME OF DECEASED (Type or Print) Linda		a. (First) Sharon		b. (Middle) Rundlett		c. (Last) July 29, 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 2, 1950	
9. AGE (In years last birthday) 3		10. MONTHS 1		11. DAYS 26		12. IF UNDER 1 YEAR Hours 0 Mins. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child				10b. KIND OF BUSINESS OR INDUSTRY Child			
11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Rundlett				13b. MOTHER'S MAIDEN NAME Mary Rissler			
14. NAME OF HUSBAND OR WIFE None				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			
16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME John Rundlett, Sedalia, Mo.			
MEDICAL CERTIFICATION							
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 491x			
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)			
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 viewed the deceased, <u>as Coroner</u>, on <u>8/1/53</u>, and that death occurred at <u>9:45 A.M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE Chas. Gordon Heinicke				23b. ADDRESS Sedalia, Mo.			
23c. DATE SIGNED 7-31-53				24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE 8/1/53				24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery			
24d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.				25. FUNERAL DIRECTOR'S SIGNATURE W. J. Campbell			
DATE REC'D BY LOCAL REG. 8/1/53				REGISTER'S SIGNATURE W. J. Campbell			
25. ADDRESS Sedalia, Mo.				(Licensed Embalmer's Statement on Reverse Side)			

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

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

R. E. Baker

Licensed Embalmer No.

2419

P. O. Address

Ledalia, Me

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.