

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1955

38810

State File No. _____
Registrar's No. 9858

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 9858			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>16 days</u>		c. CITY OR TOWN <u>St Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>9</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis Childrens</u>				e. STREET ADDRESS (If rural, give location) <u>26 2503 Hadley St.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Danny</u> b. (Middle) <u>nmn.</u> c. (Last) <u>Rundel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 11, 1955</u>								
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>11-5-'45</u>		9. AGE (In years last birthday) <u>10</u>	IF UNDER 1 YEAR Days <u>6</u>	IF UNDER 2 HRS. Hours <u>6</u> Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Truman Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Claude Rundel</u>				13b. MOTHER'S MAIDEN NAME <u>Ethel Edgington</u>				14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mabel Zook 502 S. Hughes</u>						
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ANOXIC BRAIN DAMAGE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIAC ARREST during</u> DUE TO (c) <u>SURGERY for VASCULAR ANOMALY OF PORTAL CIRCULATION with bleeding ESOPHAGEAL VARICES</u>								INTERVAL BETWEEN ONSET AND DEATH <u>D. 12 1/2</u>	
19a. DATE OF OPERATION <u>11-10-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>VENOUS MALFORMATION of PORTAL CIRCULATION</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>467.2</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 attended the deceased from <u>10-26</u> , 19 <u>55</u> , to <u>11-11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-11</u> , 19 <u>55</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Jessie J. Viett MD</u>				23b. ADDRESS <u>Childrens Hospital</u>				23c. DATE SIGNED <u>11-12-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-12-55</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Jonesboro, Ark.</u>					
DATE REC'D BY LOCAL REG. <u>NOV 12 1955</u>		REGISTRAR'S SIGNATURE <u>Paul Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Langford, Jonesboro, Ark.</u>						

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 emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis J. Highland Jr*.....
Licensed Embalmer No. 4512

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.