

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6022**BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 62

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Elvins |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hosp. | | STREET ADDRESS (If rural, give location) 0940 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MINNIE | | b. (Middle) BELL | |
| c. (Last) RUNDEL | | 4. DATE OF DEATH (Month) (Day) (Year) Feb-23-1956 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH March-11-1897 |
| 9. AGE (in years last birthday) 58 | | IF UNDER 1 YEAR Months 11 Days 12 | IF UNDER 24 HRS. 12 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Leadington, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME James Meeker | |
| 13b. MOTHER'S MAIDEN NAME Ruth Mansfield | | 14. NAME OF HUSBAND OR WIFE Henry Rundel | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT'S SIGNATURE OR NAME Henry Rundel | | ADDRESS Elvins, Mo. | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Heart disease ANTECEDENT CAUSES DUE TO (b) Arterio sclerosis 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. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4200 | |
| 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) | | 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 2-21 , 19 56 , to 2-23 , 19 56 , that I last saw the deceased alive on 2-23 , 19 56 , and that death occurred at 6 P. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE C. H. Applenberg | | (Degree or title) <input checked="" type="checkbox"/> 23b. ADDRESS Flat River, Missouri | |
| 23c. DATE SIGNED Feb-25-56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Feb-26-56 | |
| 24c. NAME OF CEMETERY OR CREMATORY Layne Cemetery | | 24d. LOCATION (City, town, or county) (State) Elvins, Missouri | |
| DATE REC'D BY LOCAL REG. Feb. 25, 1956 | | REGISTRAR'S SIGNATURE Ether P. ... | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Murphy L. Sparks | | ADDRESS Flat River, 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.....
Signature of Student Embalmer

Signed

Murphy L. Spahn

Licensed Embalmer No. *4236*

P. O. Address *St. Louis, 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.