Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029421
STATE FILE NUMBER

FILED AUG 26 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 401

1. PLACE OF DEATH a. COUNTY: Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Joplin — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Webb City 0490 — Inside Limits: Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Freeman Hospital — Length of stay in 1b: 1 week	d. STREET ADDRESS (If outside, give location): R.R. 1, box26, Webb City — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Arthur Middle: T. Last: Rundle

4. DATE OF DEATH: Month: August Day: 18 Year: 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: November 27, 1897

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section hand

10b. KIND OF BUSINESS OR INDUSTRY: Frisco Railway

11. BIRTHPLACE (City and state or country): Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Rundle

13b. MOTHER'S MAIDEN NAME: no data

14. NAME OF HUSBAND OR WIFE: Iva Gertrude Rundle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 513-09-7220

17. INFORMANT: Mrs Iva Rundle, Address: Webb City, Mo. Rt #1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coagulus Heart Disease — 5 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 4341

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.

22b. ADDRESS: 229 So Webb Webb City

22c. DATE SIGNED: 8-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-21-1958

23c. NAME OF CEMETERY OR CREMATORY: Webb City

23d. LOCATION (City, town, or county): Webb City (State): Missouri

24. FUNERAL DIRECTOR: Hedge-Lewis — ADDRESS: Webb City, Missouri

25. DATE RECD. BY LOCAL REG.: 8-22-1958

26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

SEP 2 1958

wright

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 Richard Ty Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.