

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 0 4 4 5 8 2

FILED VS. DEC. 21 1959/64

Primary Registration District No. 3032 Registrar's No. 165

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Johnson</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrensburg</b>		Length of stay in 1b <b>40Yrs</b>		c. CITY OR TOWN <b>Warrensburg</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Warrensburg Medical Center Inc.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>307 East Culton St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Oliver</b> Middle <b>W</b> Last <b>Rundle</b>				4. DATE OF DEATH Month <b>December</b> Day <b>12</b> Year <b>1959</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3-17-1911</b>	9. AGE (last birthday) <b>48</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Druggist</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Drugs</b>		11. BIRTHPLACE (City and state or country) <b>Manitou, Colorado</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>	
13a. FATHER'S NAME <b>George Oliver Rundle</b>			13b. MOTHER'S MAIDEN NAME <b>Lily Ann Davis</b>			14. NAME OF HUSBAND OR WIFE <b>Harriet Leonard Rundle</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. II</b>			16. SOCIAL SECURITY NO. <b>487-16-1330</b>		17. INFORMANT Address <b>Mrs. Harrit Rundle, Warrensburg, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Ventricular fibrillation</b>							<b>1 min</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Paroxysmal Ventricular Tachycardia 6 hours</b>						<b>6 hours</b>	
	DUE TO (c) <b>Myocardial Infarction</b>						<b>8 hours</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <sup>her</sup> <del>him</del> alive on _____ Death occurred at <b>7:30 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Leith D. Jones</b> (Degree or title) <b>M.D.</b>				22b. ADDRESS <b>Warrensburg, Missouri.</b>			22c. DATE SIGNED <b>12-14-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-15-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>		23d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Sweeney Phillips, Warrensburg, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>12-14-59</b>		26. REGISTRAR'S SIGNATURE <b>Savannah Crutchfield</b> <i>4 Earliest Dept</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 22 1959

STATEMENT BY LICENSED EMBALMER

JAN 4 1960

JAN 5 1960

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

*M. D. Bily*

Licensed Embalmer No. 4887

P. O. Address Waukegan

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.