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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1948

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5466

State File No. 41453

Registrar's No. 1078

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Rural, S. Campbell Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas 34
(c) City or town Ava – Rural (If outside city or town limits, write "RURAL")
(d) Street No. Route 1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Avery Curtis Gunnels
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Gunnels
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased December (Month) 29 (Day) 1892 (Year)
8. AGE: Years 54 Months 11 Days 17 If less than one day hr. min.
9. Birthplace Unknown – (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Wm. Nicholas Gunnels
13. Birthplace Unknown – (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sara Jane Johnston
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Lloyd Gunnels
(b) Address Ava, Missouri – Route 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bond Hope Cemetery
18. (a) Signature of funeral director Ava, Mo.
(b) Address Clinkingbeard
19. (a) 12-12-47 (Date received local registrar) (b) J W Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1947 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from 12-3, 1947, to 12-12, 1947, that I last saw him alive on 12-12, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Peritonitis	
Due to Cholecystectomy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Chole Lithiasis	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. A. Michael M.D. (M. D. or other)
Address Springfield Mo. Date signed 12-12-47

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. W B Hutchison

Licensed Embalmer No. 3431

P. O. Address.....

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.