

FILED SEP 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26070

State File No.

No. 300
10.48

700

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

BIRTH NO. _____ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 5080 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Bates</u> <u>Rural Deer Creek</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Deercreek</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>2 1/2 miles North of Adrian ON 71</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAVANAH</u> b. (Middle) <u>H. Gonterman</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 29, 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>I 25 1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>4</u> IF UNDER 12 HRS. Hours <u>4</u> Min. _____
11. BIRTHPLACE (State or foreign country) <u>Dawn Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Daniel R Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Blainer</u>	
14. NAME OF HUSBAND OR WIFE <u>Gonterman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>M. L. Gonterman</u> ADDRESS <u>Adrian Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis & degeneration & Necrosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholecystitis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2</u>	
21a. ACCIDENT SUICIDE (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 <u>Aug 8</u> , 1949, to <u>Aug 29</u> , 1949, that I last saw the deceased alive on <u>Aug 29</u> , 1949, and that death occurred at <u>1:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. P. Colson</u> <u>2 Do.</u>		23b. ADDRESS <u>Adrian Mo</u>	
23c. DATE SIGNED <u>8-29-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>8-31-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ludlow</u>	
24d. LOCATION (City, town, or county) (State) <u>Ludlow Missouri</u>		24e. DATE REC'D BY LOCAL REG. <u>8-30-49</u>	
REGISTRAR'S SIGNATURE <u>Myra Owens</u> <u>16</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Breath & Son</u> ADDRESS <u>Adrian Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 8-49-10

Date Filed 9-2-49

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 _____

Fred J. Leath # 1343 Student Embalmer No. _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed..... Leath

Licensed Embalmer No. 3650

P. O. Address Adrian 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 this body is not embalmed, fact should be so stated above.