

FILED JUN 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 17257
Registrar's No. 20

510

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

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032

1. PLACE OF DEATH

a. COUNTY **Johnson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **rural, Simpson**

c. LENGTH OF STAY (In this place) **8 yrs.**

d. FULL NAME OF HOSPITAL OR INSTITUTION **K. R. # 2 Knobnoster**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri.**

b. COUNTY **Johnson.**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **rural, Simpson.**

d. STREET ADDRESS (If rural, give location) **R. F. D. # 2. Knobnoster. MO.**

3. NAME OF DECEASED (Type or Print)

a. (First) **Joseph**

b. (Middle) **James**

c. (Last) **Gunsaulis.**

4. DATE OF DEATH (Month) (Day) (Year) **May. 30, 1950**

5. SEX **male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) **married.**

8. DATE OF BIRTH **25, Oct. 1867**

9. AGE (In years last birthday) **83**

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

10b. KIND OF BUSINESS OR INDUSTRY **grain**

11. BIRTHPLACE (State or foreign country) **Allegheny Co. Pa.**

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

13a. FATHER'S NAME **Wm. Wesley Gunsaulis.**

13b. MOTHER'S MAIDEN NAME **Nancy Ann Wiley.**

14. NAME OF HUSBAND OR WIFE **Sarah Jane Gunsaulis.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no**

16. SOCIAL SECURITY NO. **no**

17. INFORMANT'S SIGNATURE OR NAME **Sarah J. Gunsaulis.**

ADDRESS **Knobnoster. MO.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

18. CAUSE OF DEATH **MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Arteriosclerosis**

ANTECEDENT CAUSES **and Hypertension**

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 **232A**

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **1 yr.**

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **March, 1949**, to **5-30, 1950** that I last saw the deceased alive on **5-29, 1950**, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **R. Lee Cooper MD** (Degree or title)

23b. ADDRESS **Warrensburg Mo**

23c. DATE SIGNED **6-1-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **1, June, 1950**

24c. NAME OF CEMETERY OR CREMATORY **Jacoby**

24d. LOCATION (City, town, or county) (State) **Centerville, MO.**

DATE REC'D BY LOCAL REG. **June 1, 1950**

REGISTRAR'S SIGNATURE **Sarah Ann Butcher**

25. FUNERAL DIRECTOR'S SIGNATURE **Sweeney Phillips.**

ADDRESS **Warrensburg, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

JUN 14 1951

RECEIVED
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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
Student Embalmer

Signed *P. A. Phillips*

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg, 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.