

FILED OCT 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 33535
Registrar's No. 4354

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4354

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | |
| c. LENGTH OF STAY (in this place) <u>40 YRS.</u> | | d. STREET ADDRESS (If rural, give location) <u>1801 EAST 67th STREET</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1801 EAST 67th STREET</u> | | d. STREET ADDRESS (If rural, give location) <u>1801 EAST 67th STREET</u> | |
| 3. NAME OF DECEASED a. (First) <u>JOSEPH</u> b. (Middle) <u>HENRY</u> c. (Last) <u>GUNTHER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>OCT-12-1950</u> |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>APRIL-30-1898</u> |
| 9. AGE (In years last birthday) <u>52</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGER L.C.S. DEPT.</u> | 11. BIRTHPLACE (State or foreign country) <u>NEW BEDFORD MASSACHUSETTS</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGER L.C.S. DEPT.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>NOLL-WELTY LUMBER CO.</u> | 11. BIRTHPLACE (State or foreign country) <u>NEW BEDFORD MASSACHUSETTS</u> | |
| 13a. FATHER'S NAME <u>JOSEPH GUNTHER</u> | 13b. MOTHER'S MAIDEN NAME <u>ALBINA SCHINDLER</u> | 14. NAME OF HUSBAND OR WIFE <u>MRS. CYNTHIA GUNTHER</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u> | 16. SOCIAL SECURITY NO. <u>510-07-8322</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CYNTHIA GUNTHER</u> ADDRESS <u>1801 EAST 67th ST KANSAS CITY, MO</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC FAILURE, ACUTE</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 HR.</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Concomitant MITRAL INSUFFICIENCY</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>NO SURGERY</u> | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> | 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>OCT. 1, 1950</u> , to <u>OCT 12, 1950</u> , that I last saw the deceased alive on <u>OCT 12, 1950</u> , and that death occurred at <u>3:45 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Harold A. Budke</u> (Degree of title) <u>M.D.</u> | | 23b. ADDRESS <u>1019 ARBYLE</u> | 23c. DATE SIGNED <u>10-12-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>OCT-14-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |
| DATE REC'D BY LOCAL REG. <u>10-14-50</u> | REGISTRAR'S SIGNATURE <u>Leraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Son</u> ADDRESS <u>1331 BUSH CREEK Blvd. KANSAS CITY, MO.</u> | |

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

11-5-
10/19 [unclear]

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Charles H. Stuckene

Signed.....
Student Embalmer

Licensed Embalmer No. 4560

P. O. Address Remo

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.