

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11400

403

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Linn 0581</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Marceline</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		d. STREET ADDRESS (If rural, give location) <b>-103 W. Ritchie</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elvina</b> b. (Middle) <b>Bertha</b> c. (Last) <b>Gumto</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 2, 1950</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>May 23, 1872</b>
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR <b>6</b> Months <b>9</b> Days	IF UNDER 48 HRS. _____ Hours _____ Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Biel, Switzerland 5</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>			
13a. FATHER'S NAME <b>Gottfried Zurcher</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Boesiger</b>	14. NAME OF HUSBAND OR WIFE <b>John Gumto</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Albert Zurcher</b> ADDRESS <b>Marceline, Mo</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b> II. ANTECEDENT CAUSES <b>Atherosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ III. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>332X</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <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 <b>11-29</b> , 19 <b>50</b> , to <b>12-2</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>12-30</b> , 19 <b>50</b> , and that death occurred at <b>6:30</b> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert W. Smith M.D.</b> (Degree or title)		23b. ADDRESS <b>Marceline, Mo</b>	23c. DATE SIGNED <b>12-5-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-4-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Olivet</b>
24d. LOCATION (City, town, or county) (State) <b>Marceline, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>Dec 4-1950</b>	REGISTRAR'S SIGNATURE <b>Mary Jane Owens</b> <b>401</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gas M. Langston</b> ADDRESS <b>Marceline, Mo</b>	

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

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Date Received: DEC 1  
DISTRICT HEALTH OFFICE  
District File Number/2  
Date Filed: DEC 20 1950

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 George W. Davelt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.