

S. No. 300  
V. 10.48

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43960

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DENT</u>	
b. CITY OR TOWN <u>Salem</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>818 East 3rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>xx</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12/23/50</u>	
3. NAME OF DECEASED a. (First) <u>Maud</u> b. (Middle) <u>--</u> c. (Last) <u>Gunnett</u>		5. SEX <u>female</u>	
6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>June 24/89</u>		9. AGE (In years last birthday) <u>61</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>school nurse</u>	
11. BIRTHPLACE (State or foreign country) <u>Dent Co Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>John Gunnett</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Bennett</u>	
14. NAME OF HUSBAND OR WIFE <u>xxx</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>Frank Gunnett</u> ADDRESS <u>Salem 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>heart disease</u> DUE TO (c) _____ II. 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? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>	
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) (Min.)	
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>6-9-45</u> , 19 <u>45</u> , to <u>2-5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-5</u> , 19 <u>50</u> , and that death occurred at <u>5:30 p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Maud Gunnett</u> (Degree or title)		23b. ADDRESS <u>Salem Mo</u>	
23c. DATE SIGNED <u>12-28-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>12/26/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stonehill</u>	
24d. LOCATION (City, town, or county) (State) <u>Stonehill Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl R. Spurr</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>12-27-50</u>		REGISTRAR'S SIGNATURE <u>Dr. D. M. Hart, Dr. W. B. M. ...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0331  
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

FEB 26 1951

RECEIVED

FEB 28 1951

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 Carl R. Spencer

Signed.....  
Student Embalmer

Licensed Embalmer No. 2370

P. O. Address Salem 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.