

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15874

BIRTH NO. 20931-51 REG. DIST. NO. 51 PRIMARY REG. DIST. NO. 3011 Registrar's No. 55

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Carroll</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>405. Santa Fe</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stator Hosp</u> | | | |

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|---|--|--|--|--|--|--|--|
| 3. NAME OF DECEASED a. (First) <u>Blair</u> (Type or Print) | | b. (Middle) <u>William</u> | | c. (Last) <u>Gonder jr</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 17 1951</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u> | | 8. DATE OF BIRTH <u>Apr 7-1951</u> | |
| 9. AGE (In years last birthday) | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Carrollton Mo.</u> | |
| 10a. | | 10b. | | 11. | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Blair William Gonder</u> | | 13b. MOTHER'S MAIDEN NAME <u>Norma Jo Smith</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 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>George Gonder Carrollton Mo</u> | |

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|---|--|---|--|--|--|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>28 hrs.</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>flu not known.</u> | | | |
| | | DUE TO (c) <u>(virus type)</u> | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>492 X</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 May 16, 1951, to May 17, 1951, that I last saw the deceased alive on May 17, 1951, and that death occurred at 8:35 pm from the causes and on the date stated above.

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|--|--|--|--|--|--|---|--|
| 23. SIGNATURE <u>Rebecca Calvert</u> | | (Degree or title) | | 23b. ADDRESS <u>Carrollton Mo</u> | | 23c. DATE SIGNED <u>May 17 1951</u> | |
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-19-1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u> | | 24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u> | |
| DATE REC'D. BY LOCAL REG. <u>5/19/51</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Rebecca Calvert</u> | | 25. FEDERAL DIRECTOR'S SIGNATURE <u>Stanley J. Gibson</u> | | ADDRESS <u>Carrollton Mo</u> | |



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 Bert W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton Md

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.