

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21933

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY *Atchison*
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Fairfax*
c. LENGTH OF STAY (In this place) *19 mos*
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE *Missouri* b. COUNTY *Atchison*
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Fairfax 0030*
d. STREET ADDRESS (If rural, give location) *4 mi SE of Fairfax*

3. NAME OF DECEASED
a. (First) *HARRIET* b. (Middle) *EMMA* c. (Last) *GONNE*
4. DATE OF DEATH (Month) (Day) (Year) *July 23, 1951*

5. SEX *Female* 6. COLOR OR RACE *White* 7. MARRIED-NEVER MARRIED, WIDOWED, SEPARATED, DIVORCED *Widowed* 8. DATE OF BIRTH *Oct 20, 1863* 9. AGE (In years last birthday) *87-9-3* 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housewife* 11. BIRTHPLACE (State or foreign country) *New York* 12. CITIZEN OF WHAT COUNTRY? *U.S.*

13a. FATHER'S NAME *Sinclair Scott* 13b. MOTHER'S MAIDEN NAME *Helen Sniffen* 14. NAME OF HUSBAND OR WIFE *None*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) *No* 16. SOCIAL SECURITY NO. *None* 17. INFORMANT'S SIGNATURE OR NAME *Mrs Ruffner Dunlap* ADDRESS *Fairfax Mo.*

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Cerebro-vascular Arterio-sclerosis*
ANTECEDENT CAUSES
Morbidity 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
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION *334x* 20. AUTOPSY? YES NO

21a. ACCIDENT (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) (Minute) 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 *May 1*, 1951, to *July 23*, 1951, that I last saw the deceased alive on *July 23*, 1951, and that death occurred at *10:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE *James P. Coffey, M.D.* (Degree or title) 23b. ADDRESS *Sturtevant, Mo.* 23c. DATE SIGNED *7/25/51*

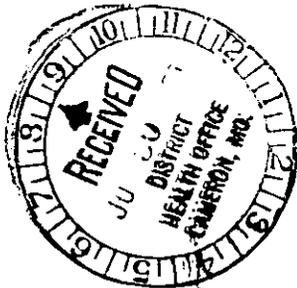
24. BURIAL - CREMATION - REMOVAL (Specify) 24a. DATE *July 25, 1951* 24b. NAME OF CEMETERY OR CREMATORY *English Grove* 24c. LOCATION (City, town, or county) (State) *Fairfax Mo.*

DATE REC'D BY LOCAL REG. *July 27, 1951* REGISTRAR'S SIGNATURE *Thos. W. Schaefer* 25. FUNERAL DIRECTOR'S SIGNATURE *Funeral Home* ADDRESS *Fairfax Mo.*

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

30
1

SEP 19 1957



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.....

Marvin S. Schuler

Signed.....
Student Embalmer

Licensed Embalmer No. *4162*

P. O. Address *Fairfax, Missouri*

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.