

FILED SEP 4 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **27923**

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 197	
1. PLACE OF DEATH a. COUNTY Randolph 0853				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Moberly 0853		OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 930 W. Rollins				d. STREET ADDRESS (If rural, give location) 930 W Rollins			
3. NAME OF DECEASED a. (First) Emil		b. (Middle) F.		c. (Last) Gutekunst		4. DATE OF DEATH (Month) (Day) (Year) Aug 22 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 15 1898		9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months 10 Days 7	11. UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Moberly, Mo		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME George Gutekunst		13b. MOTHER'S MAIDEN NAME Emile Walz		14. NAME OF HUSBAND OR WIFE Dola			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Mrs F.F. Gutekunst, Moberly 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hypertensive Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs.	
		II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-vascular renal disease 4-5 yrs DUE TO (c) Arteriosclerosis, generalized.					
		III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic Sepsis, hypostatic ulcers 6 months					
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION 0		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 442X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NO		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 JAN 1948 , to August 22 1951 , that I last saw the deceased alive on Aug 21 1951 , and that death occurred at 12:25A m. , from the causes and on the date stated above.							
23a. SIGNATURE A. Ewing K. Barker MD (Degree or title)				23b. ADDRESS 600 W. Lee St. Moberly		23c. DATE SIGNED Aug 22 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug 24 1951	24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Moberly Mo		
DATE REC'D BY LOCAL REG. Aug 24 51		REGISTRAR'S SIGNATURE Carl William Coover 269		25. FUNERAL DIRECTOR'S SIGNATURE Mahon and Son, Moberly Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 18 1952

APR 22 1952

JUN 8 1961

SEP 18 1952
AUG 29 1951

MAR 16 1956

Date Received: AUG 29 1951
DISTRICT HEALTH OFFICE #2
District File Number 8-51-152
Date Filed: AUG 29 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Frank D. D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.