

No. 300  
10.48

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23329

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <b>Shelby County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <b>Missouri</b> c. COUNTY <b>Shelby</b>	
b. CITY OR TOWN <b>Shelbina, Mo.</b>		c. CITY OR TOWN <b>Shelbina, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>60 Yrs.</b>		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		d. STREET ADDRESS (If rural, give location) <b>X</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CLARA</b>	b. (Middle)	c. (Last) <b>GWYNN</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>6-25-1952</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12-2-1867</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR <b>8</b> Months	IF UNDER 24 HRS. <b>23</b> Hours	IF UNDER 15 MIN. _____ Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Household</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (State or foreign country) <b>Buffalo N. Y.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Joseph Hannegan</b>	13b. MOTHER'S MAIDEN NAME <b>Barbara De Lamotte</b>	14. NAME OF HUSBAND OR WIFE <b>James L. Gwynn</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>James L. Gwynn, Shelbina, Mo.</b>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>congestive Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>asthmatic Heart condition</b>		<b>2 years</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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>4342</b>
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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? _____
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22. I hereby certify that I attended the deceased from April 15, 1950, to June 25, 1952; that I last saw the deceased alive on June 25, 1952, and that death occurred at 10:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>R. L. Caldwell D.O.</b> (Degree or title)	23b. ADDRESS <b>Shelbina Mo</b>	23c. DATE SIGNED <b>June 28</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-27-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>	24d. LOCATION (City, town, or county) (State) <b>Shelbina, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-28-52</b>	REGISTRAR'S SIGNATURE <b>Ada Garrison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Barkelaw-Hawkins</b> ADDRESS <b>Shelbina, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 18 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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed..... *W. H. Hawley*

Licensed Embalmer No. *3498*

P. O. Address. *Shelburne Me*

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.