

STANDARD CERTIFICATE OF DEATH

State File No. **29200**

FILED AUG 25 1953

BIRTH NO. _____ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **5645** Registrar's No. **83**

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora R-2 0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 MILES EAST OF Aurora		d. STREET ADDRESS (If rural, give location) 2 MILES EAST OF Aurora, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) K. c. (Last) Gundek			4. DATE OF DEATH (Month) (Day) (Year) August-1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug 17-1881		9. AGE (In years last birthday) 71		10. # UNDER 1 YEAR 13 # UNDER 100 Hrs. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) LAWRENCE COUNTY	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME IRA McKEEF		13b. MOTHER'S MAIDEN NAME SUSAN HELM		14. NAME OF HUSBAND OR WIFE FREDERICK GUNDEK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Chas. Talley Aurora, 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) Lymphatic Leukemia ANTECEDENT CAUSES Morbid 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.			INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2040		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **June, 1950**, to **Aug 4, 1950**, that I last saw the deceased alive on **Aug 4, 1950**, and that death occurred at **11:50 P. M.**, from the causes and on the date stated above.

22a. SIGNATURE Ethel C. Rase (Degree or title)		22b. ADDRESS P.O. #196, Madison, Aurora		22c. DATE SIGNED 8-5-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/6/53		24c. NAME OF CEMETERY OR CREMATORY Camp Ground	
24d. LOCATION (City, town, or county) (State) CHEAPEAKE Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. L. Marsh, Aurora, Mo.			
DATE REC'D BY LOCAL REG. 8-19-53		REGISTRAR'S SIGNATURE Orin McNeill			

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

10.300
10.48

50
1

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Robert L. Hurst

Licensed Embalmer No. *3812*

P. O. Address *Amos, 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.