

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9178**

BIRTH NO. **FILED MAR 30 1954** REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **5579** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN RURAL MINERAL		c. LENGTH OF STAY (in this place) 21 YRS	
c. CITY (If outside corporate limits, write RURAL and give township) TOWN RURAL MINERAL		d. STREET ADDRESS (If rural, give location) RT # 1 WEBB CITY, MISSOURI	
3. NAME OF DECEASED (Type or Print) a. (First) RACHEL b. (Middle) URSALA c. (Last) DAYTON		4. DATE OF DEATH (Month) (Day) (Year) MARCH 20, 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCTOBER 13, 1861
9. AGE (In years last birthday) 92		10. MONTHS 5	11. DAYS 7
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 (State or foreign country) IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN GUNSENHouser	
13b. MOTHER'S MAIDEN NAME LUCINDA WILLIAMS		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or date of service) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME MRS. WALT HOLMES		ADDRESS RT 1 WEBB CITY, MISSOURI	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
	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 4222	
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 **3-19**, 19**54**, to **3-20**, 19**54**, that I last saw the deceased alive on **3-19**, 19**54**, and that death occurred at **2 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) Dr. 2	23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 3/21/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 22, 1954	24c. NAME OF CEMETERY OR CREMATORY ORONOGO CEMETERY	24d. LOCATION (City, town, or county) (State) ORONOGO, MISSOURI

DATE REC'D BY LOCAL REG. 3-22-54	REGISTRAR'S SIGNATURE Mrs. Madeline Surgen	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

REGISTER TO STATE TO PROVIDE BY
THE DIVISION OF HEALTH SERVICES

RECEIVED MAR 29 1954
Jasper County Health Office
County File Number 54-3-2
Date Filed MAR 29 1954

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 *Richard Gray Lew*

Licensed Embalmer No. *4405*

P. O. Address *Webb City*

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.