

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0740

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

BIRTH NO. _____		REG. DIST. NO. 29		PRIMARY REG. DIST. NO. 403		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Peru				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Mo. b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) Steele		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Arboret Mo.		d. STREET ADDRESS (If rural, give location) 0351	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) MARK-ELIZABETH GUNTER			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 6-25-1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan 31, 1876		9. AGE (In years last birthday) 78	if UNDER 1 YEAR Months	if UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Franklin Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ben Williams			13b. MOTHER'S MAIDEN NAME Elizabeth Tucker		14. NAME OF HUSBAND OR WIFE		
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 794X				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) Mermondale Peru Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 6-2-54 to 6-25-54 that I last saw the deceased alive on 6-25-54 , and that death occurred at 10:15 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J.R. Chapman M.D.				23b. ADDRESS Steele, Mo.		23c. DATE SIGNED 6-28-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-27-1954	24c. NAME OF CEMETERY OR CREMATORY Lulu Lane		24d. LOCATION (City, town, or county) (State) Hollywood Mo.		
DATE REC'D BY LOCAL REG. 7-6-54		REGISTRAR'S SIGNATURE L. J. ...		25. FUNERAL DIRECTOR'S SIGNATURE W. T. ...		ADDRESS Jamesburg, Mo.	

7-159-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUL 20 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 W. T. Lawrence

Licensed Embalmer No. 352

P. O. Address Jacksonboro

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.