

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28112**

FILED AUG 16 1954

BIRTH NO. _____		REG. DIST. NO. <u>9774</u>		PRIMARY REG. DIST. NO. <u>2035</u> Registrar's No. <u>77</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>50 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		0542
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1419 Main St.</u>			d. STREET ADDRESS (If rural, give location) <u>1419 Main St.</u>		
3. NAME OF DECEASED a. (First) <u>Charles</u>		b. (Middle) <u>H.</u>	c. (Last) <u>Giinther</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 21, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED , NEVER MARRIED, WIDOWED , DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>December 9, 1869</u>	9. AGE (In years last birthday) <u>84</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Geo. H. Giinther</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fox</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cy Blair, Buffalo, Wyo.</u>		
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) <u>Coronary heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocard Infarction</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>?</u> <u>?</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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 <u>June 17, 1954</u> , to <u>June 21, 1954</u> , that I last saw the deceased alive on <u>June 21, 1954</u> , and that death occurred at <u>7:45A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) <u>D. Taylor M.D.</u>			23b. ADDRESS <u>Lexington Mo</u>		23c. DATE SIGNED <u>8-9-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 23, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>8-10-54</u>	REGISTRAR'S SIGNATURE <u>Minerva E. Embler</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James F. Tempel Lexington, Missouri</u>		

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

1951 8 5 833

AUG 25 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

W. McKean

Licensed Embalmer No. 2983

P. O. Address Lehigh, Pa.

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.