

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33470

State File No. ....

BIRTH NO. 15D 32-54 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 Days</u>		e. STREET ADDRESS (If rural, give location) <u>813 Emerson St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>813 Emerson St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Darlene</u> b. (Middle) <u>Ray</u> c. (Last) <u>Gunter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 6-1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>April 2-1954</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR: Months <u>3</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Van Gunter</u>	13b. MOTHER'S MAIDEN NAME <u>Gerson Kemmer</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Van Gunter</u>	ADDRESS <u>Kennett, Mo.</u>
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u>		DUE TO (b) <u>Gastro-enteritis, acute</u>		Interval between onset and death <u>Unknown</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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)
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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?
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22. I hereby certify that I attended the deceased from Apr 2, 1954, to Oct 5, 1954, that I last saw the deceased alive on Oct 6, 1954, and that death occurred at 10:30 P m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>James J. Jizsee</u>	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>10-8-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-7-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ogataville Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Quilley, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-8-54</u>	REGISTRAR'S SIGNATURE <u>Carl Husband</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank D. Duvree</u>	ADDRESS <u>Kennett, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN CO  
DEPARTMENT.....10-  
COUNTY FILE NUMBER

STATEMENT BY LICENSED EMBALMER

*not embalmed*

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edgar Beech*

Licensed Embalmer No. *47*

P. O. Address *Keene*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.