

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 4197

State File No. **4341**
 BIRTH NO. _____ REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **4197** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY GENTRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GENTRY				
b. CITY (If outside corporate limits, write RURAL and give town) STANBERRY		c. LENGTH OF STAY (in this place) 6 1/2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) RURAL - COOPER 0280				
d. FULL NAME OF HOSPITAL OR INSTITUTION HARMONY HILL REST HAVEN				d. STREET ADDRESS (If rural, give location) RURAL - 7 MILES N.W. OF STANBERRY, MO.				
3. NAME OF DECEASED (Type or Print) a. (First) HATTIE			b. (Middle) CLARA		c. (Last) GINTHER		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 7, 1956	
5. SEX FEMALE	6. COLOR OR RACE WHT.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH APRIL 1, 1877		9. AGE (In years last birthday) 78	10. MONTHS 10	11. DAYS 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (State or foreign country) NEBRASKA		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JOSEPH WALTER		13b. MOTHER'S MAIDEN NAME ELIZABETH JENUINE		14. NAME OF HUSBAND OR WIFE DECEASED JOSEPH J. GINTHER				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. N/A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MR. ED. GINTHER, STANBERRY, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis. 490X				INTERVAL BETWEEN ONSET AND DEATH 5 days 5 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 1951 , 19__ to Feb 7 , 19 56 , that I last saw the deceased alive on Feb 7, 1956 , and that death occurred at 1:45 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE R. J. Meloyan (Degree or title) MD.				23b. ADDRESS Stanberry, Mo.		23c. DATE SIGNED 2-8-56		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL		24b. DATE FEB. 9, 1956	24c. NAME OF CEMETERY OR CREMATORY ST. COLUMBIA		24d. LOCATION (City, town, or county) (State) CONCEPTION, MISSOURI			
DATE REC'D BY LOCAL REG. Feb 18 - 1956		REGISTRAR'S SIGNATURE Maudie Williams		25. FUNERAL DIRECTOR'S SIGNATURE Rose Ann Johnson		ADDRESS Stanberry, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

9961 2 T 1025

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

Loss E Johnson

Licensed Embalmer No. 4948

P. O. Address Stanberry,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.