

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20086**

FILED JUL 9 1956

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 142	
1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, write RURAL and give township) OR WASHINGTON, MO.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN UNION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL				e. STREET ADDRESS (If rural, give location) R.R.#1			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle)		c. (Last) GUENTHER		4. DATE OF DEATH (Month) (Day) (Year) JULY 1 56	
5. SEX MALE <input type="radio"/>		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, <input checked="" type="radio"/> WIDOWED, <input checked="" type="radio"/> DIVORCED (Specify)		8. DATE OF BIRTH FEB. 13, 1875	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		9. AGE (In years last birthday) if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.	
11a. BIRTHPLACE (City and State or Foreign Country) UNION, MO.				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME WILLIAM GUENTHER			13b. MOTHER'S MAIDEN NAME C. BOEHMER			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) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOE GUENTHER UNION, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES DUE TO (b) <i>Cerebral Hemorrhage</i> 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				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>Natural</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Union Franklin MO.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>June 28 56 m.</i>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Oran K. Ott</i>				23b. ADDRESS <i>Central Hotel Mo.</i>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 3, 56		24c. NAME OF CEMETERY OR CREMATORY IMMACULATE CONCEPTION		24d. LOCATION (City, town, or county) (State) UNION MO.	
DATE REC'D BY LOCAL REG. 7/2/56		REGISTRAR'S SIGNATURE <i>H. Heubman</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. P. Oldman</i>		ADDRESS <i>Union, Mo.</i>	

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

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.....
Signature of Student Embalmer

Signed.....
E. F. Olman

Licensed Embalmer No.....*160*

P. O. Address.....*Union*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.