

FILED JAN 10 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43452  
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 1

|   |                               |  |   |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Bates</b>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>                |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler</b>   |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>Adrian</b> <i>ad 7<sup>th</sup></i><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>          |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Butler Mem. Hosp.</b>  |                               | Length of stay in lb<br><b>64 days</b>   | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                             |
| 3. NAME OF DECEASED (Type or print)<br><b>Calvin Dey Gonterman</b>  |                               |  | 4. DATE OF DEATH <b>Dec. 29, 1957</b>   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>Feb. 28, 1875</b>   |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>   |                               | 9b. AGE (In years last birthday) <b>82</b>   | 9c. IF UNDER 1 YEAR<br>Months <b>10</b> Days <b>1</b> Hours <b>1</b> Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) <b>St. Petersburg, Illinois</b>  |
| 13. FATHER'S NAME <b>Willis Green Gonterman.</b>  |                               | 14. MOTHER'S MAIDEN NAME <b>Sarah A. Gordon.</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |                               | 16. SOCIAL SECURITY NO.  | 17. INFORMANT <b>John Bolin, Adrian, Mo.</b>  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Nephrosclerosis with Uremia</b><br>DUE TO (b) <b>Paranasal Myeloiditis</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) _____ |                               |  | INTERVAL BETWEEN ONSET AND DEATH<br>_____<br>19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                               | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br>_____  |   |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____   |                               | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br>_____   |   |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |   |
| 21. I attended the deceased from <b>Oct 22 1957</b> and last saw <del>him</del> <b>her</b> alive on <b>Dec 29-57</b><br>Death occurred at <b>10:20 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |                               |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Chas. A. Luebke Jr. M.D.</b>   |                               | 22b. ADDRESS<br><b>State Bk Bldg. Butler, Mo.</b>  | 22c. DATE SIGNED<br><b>Dec 30-57</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>1-1-58</b>    | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Monroe Cemetery.</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Ludlow, Missouri.</b>   |
| 24. FUNERAL DIRECTOR<br><b>Six Funeral Service, Adrian, Mo.</b>   |                               | 25. DATE RECD. BY LOCAL REG.<br><b>JAN. 1-1958</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Kenneth K...</b>  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... 

Licensed Embalmer No. 3650.

P. O. Address... Adrian, Mo.

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.