

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022554

STATE FILE NUMBER

FILED JUN 26 1958 Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon, Hudson Twp		c. CITY OR TOWN Macon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hildreth San		Length of stay in lb 2 months	
STREET ADDRESS 109 Sheridan		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Sarah Middle Sirus Last Gunnels			4. DATE OF DEATH Month May Day 29 Year 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 20, 1881		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Macon Co. Missouri		
13. FATHER'S NAME Daniel Gunnels			14. MOTHER'S MAIDEN NAME Suzanne Miller			
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. None		17. INFORMANT Address Earnest Gunnels Elmer, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) congestive circulatory failure		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
DUPLICATE TO (b) fractured hip		19 days
DUPLICATE TO (c) ch br syndrome associated cerebral arteriosclerosis		indefinite

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (9) 9030 20	
20c. TIME OF INJURY Hour 3:10 Month, Day, Year		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 061	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Elmer	

21. I attended the deceased from March 26, 1958 to May 29, 1958 and last saw her/him alive on May 29, 1958 Death occurred at 3:10 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Anna L. Mauck D.O.		22b. ADDRESS Macon, Missouri		22c. DATE SIGNED May 29, 1958	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 31, 1958		23c. NAME OF CEMETERY OR CREMATORY Bell Cemetery		23d. LOCATION (City, town, or county) (State) Elmer Missouri	
24. FUNERAL DIRECTOR R. Lester Bram		ADDRESS Macon, Mo.		25. DATE RECD. BY LOCAL REG. 6/18/58		26. REGISTRAR'S SIGNATURE Ruth M Reely	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service
S. 300
1-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

County File No. 658.74
Date Filed 6-25-58

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.....
R. Lester B...

Licensed Embalmer No. 49

P. O. Address *M...*

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.