

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032301

STATE FILE NUMBER

FILED OCT 7 1958 Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <u>Leventy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> COUNTY <u>Leventy</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STANBERRY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Stanberry</u> 0380 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Walnut St.</u>		Length of stay in lb <u>lifetime</u>	d. STREET ADDRESS (If outside, give location) <u>Walnut St.</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Mrs</u> First <u>KATE</u> Middle <u>E</u> Last <u>GUNTER</u>	4. DATE OF DEATH <u>Sept 27, 1958</u> Month <u>Sept</u> Day <u>27</u> Year <u>1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APR 28, 1893</u> 65- Months Days Hours Min.	9. AGE (In years last birthday)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and state or country) <u>Hoxie, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>SAM MORGAN</u>	14. MOTHER'S MAIDEN NAME <u>JENNIE HOLMES</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>49842-5025</u>	17. INFORMANT <u>Mrs. E. H. Gunter, Stanberry, Mo.</u> Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>hypertension and arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>unknown</u>		443X
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>none</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

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.)
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u>	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from May 5, 1953, to Sept. 27, 1958 and last saw her alive on 8-15-58
Death occurred at 10:15 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Arthur D. Carlin MD</u>	22b. ADDRESS <u>Stanberry, Mo</u>	22c. DATE SIGNED <u>9-29-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>9/29/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>	23d. LOCATION (City, town, or county) (State) <u>STANBERRY MO</u>
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24. FUNERAL DIRECTOR <u>Leroy F. Phillips</u> ADDRESS <u>Stanberry, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Oct 1-58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service 80 1 300 1-56
All doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
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 *John J. Phelan*.....
Licensed Embalmer No. *187*
P. O. Address *St. Louis*.....

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..