

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033222
STATE FILE NUMBER

FILED OCT 7 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 465

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN 0495
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JOPLIN GENERAL HOSP. 12 YRS		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1006 HIGHVIEW AVE
3. NAME OF DECEASED (Type or print) First Middle Last HARRY ALFRED GUNLOCK			4. DATE OF DEATH Month Day Year SEPTEMBER 27, 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 25, 1876
9. AGE (In years last birthday) 81	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) BUCKEYE, IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME CASKER GUNLOCK	
13b. MOTHER'S MAIDEN NAME ROSE BEASON		14. NAME OF HUSBAND OR WIFE DEC'D LILLIE MAY GUNLOCK, 5-23-	
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. UNK	17. INFORMANT ALFRED J. GUNLOCK, 1006 HIGHVIEW AVE.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarct with rupture of myocardium DUE TO (b) Coronary sclerosis, occlusion DUE TO (c) 4201 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 hours 10 hours
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 Month, Day, Year a.m. p.m.			
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	
21. I attended the deceased from 9/27/58 to 9/27/58 and last saw her alive on 9/27/58 Death occurred at 3:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. E. Silbave M.D.		22b. ADDRESS 521 W. 4th St., Joplin, Mo.	22c. DATE SIGNED 10/1/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-29-58	23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL CEMETERY,	23d. LOCATION (City, town, or county) (State) JASPER COUNTY, MISSOURI
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 10-3-1958	26. REGISTRAR'S SIGNATURE Dove Merriam

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Japhis, Md*

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.