

Health, Welfare, Public Service

STANDARD CERTIFICATE OF DEATH

59-005582 STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 474

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1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>		Length of stay in 1b <b>62 years</b>	d. STREET ADDRESS (If outside, give location) <b>1700 E. 75</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>P.</b> Last <b>GUNTHER</b>			4. DATE OF DEATH Month <b>Jan</b> Day <b>24</b> Year <b>1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MARCH-16-1896</b>	9. AGE (In years last birthday) <b>62</b> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>General freight Agt.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>K. C. Southern</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Adam A. Gunther</b>	13b. MOTHER'S MAIDEN NAME <del>Delores E. Anna</del>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Delores E. Gunther</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No WW I</b>	16. SOCIAL SECURITY NO. <b>702-12-1671</b>	17. INFORMANT Address <b>Mrs. Delores E. Gunther, 1700 E. 75</b>
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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) <b>Thrombo Embolic Disease with Gangrene Both legs -</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1-WEEK</b>
DUE TO (b) <b>DIABETES MELLITUS and -</b>		<b>1-MONTH</b>
DUE TO (c) <b>ARTERIO-SCLEROTIC CARDIOVASCULAR DISEASE</b>		<b>1-YEAR</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>2 WEEKS</b>		

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.) <b>No -</b>
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20c. TIME OF INJURY Hour _____ 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.) <b>-</b>	20f. CITY, TOWN, OR LOCATION <b>-</b>	COUNTY <b>-</b>	STATE <b>-</b>
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21. I attended the deceased from <b>12-12-58</b> to <b>1-24-59</b> and last saw him alive on <b>1-24-59</b> Death occurred <b>1-24-59 6:45 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <b>Carl D. Emma M.D.</b>	22b. ADDRESS <b>Argyle Bldg. - K.C., Mo.</b>	22c. DATE SIGNED <b>1-24-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>1-26, 1959</b>	23c. NAME OF CEMETERY OR CREMATION <b>CALVARY CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO</b>
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24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar Funeral Home</b> Address <b>Woodland-Linwood</b>	25. DATE RECD. BY LOCAL REG. <b>1-25-59</b>	26. REGISTRAR'S SIGNATURE <b>new minishall</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Carl D. Emma

D. C. Evans  
Arling - Bell  
Box 1-8845

2 PM - 2:30 PM



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 *James E. Faulkner*

Licensed Embalmer No. *4573*  
P. O. Address *F. O. 910*

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.