

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016397  
STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Saline</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Marshall</i>		c. CITY OR TOWN <i>Marshall</i> 0970 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Fitzgibbon Hosp.</i>		d. STREET ADDRESS <i>R 2</i> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b <i>2 days</i>			

3. NAME OF DECEASED (Type or print) <i>ROGER CLAIRE GUNNING</i>			4. DATE OF DEATH Month <i>May</i> Day <i>7</i> Year <i>1959</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 4, 1959</i>		9. AGE (In years last birthday) <i>2</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and state or country) <i>Marshall, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>

13. FATHER'S NAME <i>Wm C. Gunning</i>		14. MOTHER'S MAIDEN NAME <i>Wilburta Jean Smithler</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Wm C. Gunning</i>		Address <i>Marshall Mo R 2</i>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Asphyxia Nostram</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7620</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 WORK <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 <i>Marshall Mo</i>	COUNTY <i>Saline</i>	STATE <i>Mo</i>
21. I attended the deceased from <i>May 4 1959</i> to <i>May 6 59</i> and last saw <sup>her</sup> him alive on <i>May 6 59</i> . Death occurred at <i>10:40</i> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>James C. Reed M.D.</i>		22b. ADDRESS <i>Marshall Mo</i>		22c. DATE SIGNED <i>5-8-59</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>May 8, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Blue Lick Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Saline County, Mo</i>
24. FUNERAL DIRECTOR <i>Harry Herzhberger</i>		ADDRESS <i>Marshall Mo</i>	25. DATE RECD. BY LOCAL REG. <i>5-8-59</i>
		26. REGISTRAR'S SIGNATURE <i>Cecil H. Reed</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No 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

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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 Has not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... Harry Hershberge

Licensed Embalmer No. 43

P. O. Address Marshall

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.