

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 1 1960 391

=60-004770

Registration District No. 6153 Primary Registration District No. 6153 Registrar's No. 1

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>STODDARD</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PIKE TWP.</b>		Length of stay in 1b <b>5 mos.</b>		c. CITY OR TOWN <b>BENTON</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>Rt. 1 - ADVANCE, Mo.</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>_____</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>MAMIE</b> Middle <b>LEEMAN</b> Last <b>GUNTER</b>				4. DATE OF DEATH Month <b>JAN.</b> Day <b>4</b> Year <b>1960</b>					
5. SEX <b>FEMALE</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>Nov. 2, 1881</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>2</b>	IF UNDER 24 HR Hours <b>2</b> Min. <b>0</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>_____</b>		11. BIRTHPLACE (City and state or country) <b>JOPPA, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>B.C. WOOD</b>			13b. MOTHER'S MAIDEN NAME <b>SUSAN BACCUS</b>			14. NAME OF HUSBAND OR WIFE <b>JAMES HENRY GUNTER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>MR. J.H. GUNTER - BENTON, MO.</b>					
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>Medullary failure</b>							INTERVAL BETWEEN ONSET AND DEATH <b>12 HOURS</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral thrombosis</b>							<b>3 MO.</b>		
DUE TO (c) <b>Arteriosclerosis</b>							<b>YEARS</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertension</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 <b>_____</b> a.m. <b>_____</b> p.m.	Month, Day, Year								
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		COUNTY		STATE	
21. I attended the deceased from <b>11-20-59</b> to <b>JAN 4-60</b> last saw her alive on <b>JAN 4-60</b> Death occurred at <b>6:00 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree and title) <b>L.A. Masters D.D.</b>				22b. ADDRESS <b>Advance Mo</b>			22c. DATE SIGNED <b>1-6-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JAN. 6, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FORREST HILLS CEMETERY</b>			23d. LOCATION (City, town, or county) (State) <b>MORBEY, MISSOURI</b>			
24. FUNERAL DIRECTOR <b>BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.</b>				25. DATE RECD. BY LOCAL REG. <b>1/11/60</b>		26. REGISTRAR'S SIGNATURE <b>Bernice Moore</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jack T. Swinett

Licensed Embalmer No. 4473

P. O. Address Chaffee, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.