URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-026203
STATE FILE NUMBER

FILED VS AUG 1 1960

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 31

ENDED

1. PLACE OF DEATH
a. COUNTY CHARITON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KEYTESVILLE, TWP. Length of stay in 1b 1 YR.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Chariton Co. Rest Home Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CHARITON
c. CITY OR TOWN BRUNSWICK, MO Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) CITY NORTH Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First JAMES Middle WILLIS Last GUNN
4. DATE OF DEATH Month 7 Day 24 Year 1960
5. SEX MALE
6. COLOR OR RACE WHITE
[redacted] Never Married ☐ Widowed ☐ Divorced ☑
8. DATE OF BIRTH 4-11-1886
9. AGE (last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD WABASH HOSP. CORP.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) MILAN MISSOURI
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOHN WILLIAM
13b. MOTHER'S MAIDEN NAME ELIZABETH GLASGOW
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. YES.
17. INFORMANT Address JACK GUNN BRUNSWICK

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Liver
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 6 1958, to July 22 1960 and last saw her/him alive on July 22 1960
Death occurred at Rest Home Co. July 24 8 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J L Fetzer DO
22b. ADDRESS Brunswick MO
22c. DATE SIGNED July 24 60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 7-26-1960
23c. NAME OF CEMETERY OR CREMATORY EVERGREEN
23d. LOCATION (City, town, or county) (State) DEWITT MO
24. FUNERAL DIRECTOR ADDRESS L.E. McCURRY BRUNSWICK MO
25. DATE RECD. BY LOCAL REG. 7-25-60
26. REGISTRAR'S SIGNATURE G W Hawkins

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed T. E. McCurry

Signature of Student Embalmer

Licensed Embalmer No. 4806

P. O. Address Brunswick

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