# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1472 STATE FILE NUMBER 61-006522

FILED VS FEB 28 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Sangamon

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.
Length of stay in 1b: 2da

c. CITY OR TOWN Springfield
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's
Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) 3028 S. 2nd St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Jean Middle: Anne Last: Gunderson

4. DATE OF DEATH Month: 2 Day: 13 Year: 61

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2-13-61

9. AGE (last birthday)

IF UNDER 1 YEAR: Months / Days: 7

IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Springfield Ill

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Donald Gunderson

13b. MOTHER'S MAIDEN NAME: Gladys Robins

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Anne Dudley Address: 500 S. Kingshighway

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) Cardiac Arrest

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cyanotic Congenital Heart Disease

DUE TO (c) 7545

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 2-11-61, to 2-13-61 and last saw her alive on 2-13-61

Death occurred at 3:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Neal Middelkamp (Degree or title) M.D.

22b. ADDRESS 500 S. Kingshighway

22c. DATE SIGNED 2-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2-13-61

23c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Cemetery

23d. LOCATION (City, town, or county) (State): Springfield, Ill.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe, Inc., 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: FEB 14 1961

26. REGISTRAR'S SIGNATURE: Karl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4108

P. O. Address St Louis Mo

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.