

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001156

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 29

AMENDED

LED JAN 15 1962

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Laclede</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in 1b <b>12mos.</b>	c. CITY OR TOWN <b>Lebanon</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>Mercy Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>525 Polk Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Louis</b> Last <b>Gunter</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>5,</b> Year <b>1962</b>		
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>6-27-81</b>	9. AGE (last birthday) <b>80 yrs.</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>Texas</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Jess Gunter</b>		13b. MOTHER'S MAIDEN NAME <b>Lou Robertson</b>		14. NAME OF HUSBAND OR WIFE <b>Silvia 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>525 Polk St. Mrs. Silvia Gunter, Lebanon, 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>Cerebral Vascular Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
DUE TO (b) <b>Cerebral arteriosclerosis.</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)		
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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>Lebanon, Mo.</b>	COUNTY <b>Laclede</b>	STATE <b>Mo.</b>
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21. I attended the deceased from 1960 to day of death and last saw him alive on Jan 4, 1962  
Death occurred at Jan 5, 1962 2:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Leo T. Neuf M.D.</b> (Degree or title)	22b. ADDRESS <b>Springfield, Mo.</b>	22c. DATE SIGNED <b>1/16/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>1-9-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lebanon Cemetery</b>
23d. LOCATION (City, town, or county) <b>Lebanon, Laclede Co. Mo.</b>		

24. FUNERAL DIRECTOR <b>T. J. Shadel,</b>	ADDRESS <b>Lebanon, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1-12-62</b>	26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

JAN 16 1962

**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 Bessie M. Abbott

Licensed Embalmer No. 5115  
P. O. Address Springfield

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.