

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011515

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 173

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

17005
23768

3

4 1

5 2

6

7 0

8 0

94200

10

11

121-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. FILED APR 10 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson		a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Sanitarium		d. STREET ADDRESS (If outside, give location) 5017 Wabash Avenue	
3. NAME OF DECEASED (Type or print) Mrs. Mary H. Gunther		4. DATE OF DEATH March 31st, 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/18/85
9. AGE (last birthday) 77 Years		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) Mountain Grove, Mo., U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME August Freed		13b. MOTHER'S MAIDEN NAME Hannah Lawson	
14. NAME OF HUSBAND OR WIFE Henry Gunther, Sr.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT 3510 No. McCoy, Indep., Mo. Mrs. Lucille Sherer	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiac Arrhythmia			None
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Insufficiency, Aortic Stenosis			4-5 yrs.
DUE TO (c) Arteriosclerotic Heart Disease			
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 a.m. 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 <u>3-31-62</u> to <u>3-31-62</u> and last saw her alive on <u>3-31-62</u> . Death occurred at <u>3:40 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M. W. Newcomer</i> (Degree or title)		22b. ADDRESS Independence, Mo.	
22c. DATE SIGNED 4-2-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/3/62	23c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cemetery	
23d. LOCATION (City, town, or county) Kansas City, Missouri		(State)	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS ADDRESS 1331 Brush Creek Blvd. K.C. Mo.		25. DATE RECD. BY LOCAL REG. 4-2-62	
		26. REGISTRAR'S SIGNATURE <i>Alba L. Craig</i>	

USE BLACK INK OR TYPEWRITER RIBBON

28. Mason St
19901 Merritt Road
2100 - 5:30
Embalmer

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 Baul P. [Signature]

Licensed Embalmer No. 4724

P. O. Address 2100 - 5:30

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.