

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043138

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 572

FILED NOV 19 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0499
2 0490

3

4 1

5 1

6

7 6

8 1

9 X

10 0499

11 049

12 3=0

13 2=0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 2 days	c. CITY OR TOWN Alba
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS Alba (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Melba Coleene Gunlock			4. DATE OF DEATH Month Day Year November 9, 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-4-1939
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 23
11a. BIRTHPLACE (City and state or country) Jasper Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Floyd Harry		13b. MOTHER'S MAIDEN NAME Rose Thomas	14. NAME OF HUSBAND OR WIFE Casper Gunlock
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. 	
17. INFORMANT Casper Gunlock, Alba, Mo.			Address
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage into brain			INTERVAL BETWEEN ONSET AND DEATH 30 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Head injury - compound skull fracture			30 hrs
DUE TO (c) car accident			30 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) crushed chest			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) car accident	
20c. TIME OF INJURY Hour 4 a.m. p.m.	Month, Day, Year 11-8-62		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) #96 DD	20f. CITY, TOWN, OR LOCATION COUNTY STATE Just N. of Webb City - Jasper Mo.	
21. I attended the deceased from 11-8-62 to 11-9-62 and last saw her/him alive on 11-9-62		Death occurred at 9:15P m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Robert Smith</i> (Degree or title) M.D.		22b. ADDRESS Medical Arts Bldg. Joplin	22c. DATE SIGNED 11-10-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-11-62	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.	23d. LOCATION (City, town, or county) (State) N.W. of Webb City, Mo.
24. FUNERAL DIRECTOR ADDRESS Johnston-Simpson, Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 11-15-1962	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>

NOV 20 1962

STATE OF MISSISSIPPI

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 Jack C. Simpson
Licensed Embalmer No. 4647

P. O. Address Webb City, 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.