

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-031644  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137  
FILED SEP 13 1965

Primary Registration District No. 3023

Registrar's No. 210

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |                                  |   |                                       |
|--|----------------------------------|---|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Camden</b>                         |                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Clinton</b>  |                                  | c. CITY OR TOWN <b>Climax Springs</b>   |                                       |
| Length of stay in lb<br><b>2 Days</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>Wetzel Hosp</b>  |                                  | d. STREET ADDRESS (If outside, give location)<br><b>Climax Springs</b>  |                                       |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>LAURA ALICE GUNN</b>  |                                  | 4. DATE OF DEATH<br><b>Sept 1 1965</b>  |                                       |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Nov 9 1875</b> |
| 9. AGE (last birthday)<br><b>89</b>  |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Homemaker</b>  |                                       |
| 11. BIRTHPLACE (City and state or country)<br><b>Camden Co., Mo</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY<br><b>U S A</b>   |                                       |
| 13a. FATHER'S NAME<br><b>Leander Raymer</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Ellen Chancellor</b>   |                                       |
| 14. NAME OF HUSBAND OR WIFE<br><b>Deceased</b>   |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                    |                                       |
| 16. SOCIAL SECURITY NO.<br><b>None</b>   |                                  | 17. INFORMANT<br><b>Grace Harpham Edwards Mo</b>  |                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b><br>DUE TO (b) <b>Myocardial Insuff.</b><br>DUE TO (c) <b>Acute Coronary Occlusion</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)<br><b>Glomerulonephritis</b><br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                  |   |                                       |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>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   |                                  | COUNTY STATE  |                                       |
| 21. I attended the deceased from <b>8/31/65</b> to <b>9/1/65</b> and last saw her/him alive on <b>9/1/65</b><br>Death occurred at <b>8:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |                                  |   |                                       |
| 22a. SIGNATURE<br><b>Clinton L. Glespy DD.</b>   |                                  | 22b. ADDRESS<br><b>Clinton Mo</b>   |                                       |
| 22c. DATE SIGNED<br><b>9/3/65</b>  |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                       |
| 23b. DATE<br><b>Sept 4 1965</b>  |                                  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Climax Springs Camden Co Mo</b>  |                                       |
| 23d. LOCATION (City, town, or county)<br><b>Climax Springs</b>   |                                  | 24. FUNERAL DIRECTOR<br><b>John F. Reser Warsaw, Mo</b>   |                                       |
| 25. DATE RECD. BY LOCAL REG.<br><b>Sept. 10, 1965</b>  |                                  | 26. REGISTRAR'S SIGNATURE<br><b>Mildred Bigum</b>   |                                       |

**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

*John F. Reser*

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.