

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36833**

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY Henry b. CITY (If outside corporate limits, write RURAL and give OR TOWN Clinton) c. LENGTH OF STAY (in this place) 50 yrs. d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Side of Sq.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton d. STREET ADDRESS (If rural, give location) South Side of Sq.			
3. NAME OF DECEASED (Type or Print) a. (First) LENA b. (Middle) Bretall c. (Last) Guenther			4. DATE OF DEATH (Month) (Day) (Year) Nov. 27 1950		5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
8. DATE OF BIRTH Nov. 11 1879		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 0 Days 16		IF UNDER 48 Hrs. Hour - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Owner		10b. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Bretall			13b. MOTHER'S MAIDEN NAME Alvina Rutz		14. NAME OF HUSBAND OR WIFE Frank Guenther (DECEASED)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mildred Campbell Clinton, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 15 min. 3 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 24 Jan., 1950 , to Nov. 27, 1950 , that I last saw the deceased alive on Nov. 27, 1950 , and that death occurred at 11:05 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) James O. Smith M.D.			23b. ADDRESS Clinton, Missouri			23c. DATE SIGNED Nov. 29, 1950	
24a. BURIAL, CREMATION, RE interment (Specify) Burial		24b. DATE Nov. 30 1950		24c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery		24d. LOCATION (City, town, or county) (State) Clinton, Missouri	
DATE REC'D BY LOCAL REG. Nov-29-50		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE Frank Guenther		ADDRESS Clinton, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 128-50

DISTRICT HEALTH OFFICE NO. 3

District File Number -----

Date Filed 128-50 -----

JAN 15 1951

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 -----
Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. 4510

P. O. Address *[Handwritten Address]*

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 this body is not embalmed, fact should be so stated above.