

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017482

STATE FILE NUMBER

FILED JUN 1 1959

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 138

300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Clinton</i>		c. CITY OR TOWN <i>Clinton</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>610 W Ohio</i>		d. STREET ADDRESS (If outside, give location) <i>610 W Ohio</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>BERTHA IRENE GUNN</i>		4. DATE OF DEATH Month Day Year <i>MAY 27 1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 15 1888</i>
9. AGE (In years last birthday) <i>71</i>	IF UNDER 1 YEAR Months <i>4</i> Days <i>12</i>	IF UNDER 24 HRS. Hours <i>-</i> Min. <i>-</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and state or country) <i>Home Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Lee Smith</i>	13b. MOTHER'S MAIDEN NAME <i>Edwina Doobittle</i>	14. NAME OF HUSBAND OR WIFE <i>Donald Gunn</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>495-20-1085A</i>	17. INFORMANT Address <i>Donald Gunn Clinton Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs -</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) <i>4201</i>			19. WAS AUTOPSY PERFORMED? 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 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.) <i>no medical attendant</i>	20f. CITY, TOWN, OR LOCATION <i>Clinton, Mo</i>	STATE <i>MO</i>
21. I attended the deceased from _____ to _____ and last saw her/him alive on <i>5-27-59</i> Death occurred at <i>approx 6:30pm</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W.D. Bradshaw, MD</i>	(Degree or title) <i>(M.D.)</i>	22b. ADDRESS <i>Clinton, Mo</i>	22c. DATE SIGNED <i>5-28-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>May 30, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Englewood</i>	23d. LOCATION (City, town, or county) (State) <i>Clinton Mo</i>
24. FUNERAL DIRECTOR <i>Schubert Funeral Home</i>	ADDRESS <i>Clinton Mo</i>	25. DATE RECD. BY LOCAL REG. <i>5-29-59</i>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 F. L. Schaberg

Licensed Embalmer No. 4513  
P. O. Address Clinton 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.