

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0019827

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 153

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 31 1966

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		Length of stay in 1b Years	c. CITY OR TOWN Clinton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 900 S. 2nd St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DR. EMMETT KISTLER GYNN			4. DATE OF DEATH Month Day Year May 24, 1966
5. SEX Male	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 10/14/93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Optometrist		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) Montrose, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ruben Alfred Gynn		13b. MOTHER'S MAIDEN NAME Zella Kistler	13. NAME OF HUSBAND OR WIFE Martha Gynn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW# I		16. SOCIAL SECURITY NO. 499-42-8727	17. INFORMANT Address Martha Gynn, Clinton, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic failure & coma DUE TO (b) Carcinoma of liver DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 24 hrs - 18 months
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 11-6-64 to 5-24-66 and last saw ^{her} him alive on 5-24-66 Death occurred at 6 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W.D. Bradshaw, M.D.		22b. ADDRESS Clinton, Mo.	22c. DATE SIGNED 5-26-66
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 26, 66	23c. NAME OF CEMETERY OR CREMATORY Englewood	23d. LOCATION (City, town, or county) (State) Clinton, Mo.
24. FUNERAL DIRECTOR Consalus		ADDRESS Clinton, Missouri	25. DATE RECD. BY LOCAL REG. May 28 1966 26. REGISTRAR'S SIGNATURE Mildred Bigum

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DATE AMENDED

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59
1 0425
2 0425
3 2
4 0
5 1
6
7 0
8 0
9 156.1
10
11
12 1-0
13 1-0

(Licensed Embalmer's Statement on Reverse Side)

JUN 10 1966

JUN 15 1966

JUN 13 1966

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

Eugene R. Consalus

Licensed Embalmer No.

4680

P. O. Address

Clio, 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.