

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

18666 0023685  
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. \_\_\_\_\_

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0425  
2 0420  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |  |  |
|---|--|---|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Henry</u>  |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>Henry</u>                              |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Clinton</u>   |  | Length of stay in 1b<br><u>14 days</u>  |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Clinton General Hosp</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |  |
| d. STREET ADDRESS<br><u>in Montrose</u>   |  | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |  |
| <b>3. NAME OF DECEASED</b> First Middle Last<br><u>Louis A Guenther</u>   |  |   | <b>4. DATE OF DEATH</b> Month Day Year<br><u>June 29 1966</u>  |  |
| <b>5. SEX</b><br><u>male</u>  | <b>6. COLOR OR RACE</b><br><u>white</u>  | <b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/><br><u>Widowed</u> <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | <b>8. DATE OF BIRTH</b> <u>7/19/1879</u>   |  |
| <b>9. AGE</b> (last birthday) <u>86</u>   |  | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.   |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>   |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b>  |  | <b>11. BIRTHPLACE</b> (City and state or country)<br><u>Guer, Germany</u>              |
| <b>12. CITIZEN OF WHAT COUNTRY</b><br><u>USA</u>  |  | <b>13a. FATHER'S NAME</b> <u>unknown</u>  |  |  |
| <b>13b. MOTHER'S MAIDEN NAME</b> <u>unknown</u>   |  | <b>14. NAME OF HUSBAND OR WIFE</b>  |  |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b><br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |  | <b>16. SOCIAL SECURITY NO.</b>  |  | <b>17. INFORMANT</b> Address<br><u>Hildegard Phelan 216 Brushcreek Kansas City, Mo</u> |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>carcinoma bladder</u>   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 yr.</u>                                       |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____<br>DUE TO (c) _____   |  |   |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)   |  |  |
| <b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year  |  |   |  |  |
| <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)                                | <b>20f. CITY, TOWN, OR LOCATION</b>   | COUNTY   | STATE  |
| <b>21. I attended the deceased from</b> <u>1964</u> to <u>6-29-66</u> and last saw <sup>her</sup> <u>him</u> live on <u>6-29-66</u><br>Death occurred at <u>11:20 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |
| <b>22a. SIGNATURE</b> (Degree or title)<br><u>Hugh B. Walker, MD</u>  |  |   | <b>22b. ADDRESS</b><br><u>Clinton, Mo</u>  | <b>22c. DATE SIGNED</b><br><u>7-1-66</u>   |
| <b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>Burial</u>   | <b>23b. DATE</b><br><u>7/2/1966</u>  | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><u>Montrose catholic cem</u>   | <b>23d. LOCATION</b> (City, town, or county) (State)<br><u>Montrose Missouri</u>   |  |
| <b>24. FUNERAL DIRECTOR</b> ADDRESS<br><u>Sickman-Dunning F H Clinton, Mo</u>   |  | <b>25. DATE RECD. BY LOCAL REG.</b><br><u>July 1-1966</u>   | <b>26. REGISTRAR'S SIGNATURE</b><br><u>Mildred Bigum</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

5800500 04

**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 *R. P. Dunning*

Licensed Embalmer No. 4910

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.

Permit obtained 7-1-66 (MB)