

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

36 67 0001354  
STATE FILE NUMBER

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

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED JAN 30 1967</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Henry</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in 1b <u>all life</u>		c. CITY OR TOWN <u>Clinton</u>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>504 E. Franklin St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>504 E. Franklin St.</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First <u>ROBERT</u> Middle <u>LEE</u> Last <u>GUENTHER</u>		Month <u>January</u> Day <u>25</u> Year <u>1967</u>		Male	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postal Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Post Office</u>		8. DATE OF BIRTH <u>3/1/14</u>	
13a. FATHER'S NAME <u>Frank Albert Guenther</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Bretall</u>		9. AGE (last birthday) <u>52</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW#II</u>		16. SOCIAL SECURITY NO. <u>Not known</u>		17. INFORMANT <u>Joe D. Guenther, Clinton, Mo.</u>	
14. NAME OF HUSBAND OR WIFE <u>Joe Davis Guenther</u>		11. BIRTHPLACE (City and state or country) <u>Clinton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>coronary occlusion</u>		DUE TO (b) _____		<u>Instant</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.		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 <u>1960</u> to <u>1-25-67</u> and last saw her alive on <u>1-25-67</u>		22a. SIGNATURE (Degree or title) <u>Hugh B Walker, M.D.</u>		22b. ADDRESS <u>Clinton, Mo</u>	
22c. DATE SIGNED <u>1-25-67</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
Burial		Jan 27, 1967		Englewood	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
Clinton, Missouri		24. FUNERAL DIRECTOR <u>Consalus</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 26, 67</u>	
Clinton, Mo.		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FEB 2 1967

FEB 6 1967

JUN 1 1967

**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. Convalier

Licensed Embalmer No. 4680

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 1-26-69  
MB