

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **135-67 0018522**

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 135

FILED MAY 29 1967

|                     |              |
|---------------------|--------------|
| VS 300<br>Rev. 4/59 | DATE AMENDED |
| 1 <u>0425</u>       |              |
| 2 <u>0425</u>       |              |
| 3                   |              |
| 4 <u>1</u>          |              |
| 5 <u>0</u>          |              |
| 6                   |              |
| 7 <u>0</u>          |              |
| 8 <u>2</u>          |              |
| 9 <u>331X</u>       |              |
| 10                  |              |
| 11                  |              |
| 12 <u>2-2</u>       |              |
| 13 <u>1-0</u>       |              |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>  |   | 2. USUAL RESIDENCE (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><u>Clinton</u>  |   | c. CITY OR TOWN <u>Clinton</u>   |  |
| Length of stay in 1b <u>14 days</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>   |   | d. STREET ADDRESS (If outside, give location) <u>306 E Franklin St</u>   |  |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |  |  |
| 3. NAME OF DECEASED (Type or print) First <u>Maude</u> Middle <u>E</u> Last <u>Gunter</u>  |   |  | 4. DATE OF DEATH Month <u>May</u> Day <u>21</u> Year <u>1967</u> |
| 5. SEX <u>female</u>   | 6. COLOR OR RACE <u>white</u>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept 27, 1889</u>                            |
| 9. AGE (last birthday) <u>77</u>   |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>  |  |
| 11. BIRTHPLACE (City and state or country) <u>Green County, Mo</u>   |   | 12. CITIZEN OF WHAT COUNTRY <u>USA</u>   |  |
| 13a. FATHER'S NAME <u>Thomas Gunter</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Mary Joyce</u>  |  |
| 14. NAME OF HUSBAND OR WIFE  |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>   |   | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT <u>Ray Gunter</u>  |   | Address <u>Clinton, Mo</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebrovascular accident</u><br>DUE TO (b) <u>Hypertension</u><br>DUE TO (c) <u>Arteriosclerosis</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>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 |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>                   |
| 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 <u>4:56</u> a.m. p.m.   | Month, Day, Year <u>5-21-67</u>   |  |  |
| 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 <u>Clinton, Mo</u>  | COUNTY <u>Henry</u> STATE <u>Mo</u>                              |
| 21. I attended the deceased from <u>3-27-67</u> , to <u>5-21-67</u> and last saw <u>her</u> alive on <u>5-20-67</u> .<br>Death occurred at <u>4:56</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |  |
| 22a. SIGNATURE (Degree or title) <u>R.E. Haulbaugle D.D.</u>   |   | 22b. ADDRESS <u>Clinton, Mo.</u>   | 22c. DATE SIGNED <u>5-22-67</u>                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>5/23/1967</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Englewood cemetery</u>   | 23d. LOCATION (City, town, or county) (State) <u>Clinton, Mo</u> |
| 24. FUNERAL DIRECTOR <u>Sickman-Dunning F H</u> ADDRESS <u>Clinton, Mo</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>May 23, 1967</u>   | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>                   |

**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. L. Dunning

Licensed Embalmer No. 4710

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.