.S. No. 300
ev. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34546

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5843 Registrar's No. 18

1. PLACE OF DEATH

a. COUNTY: Newton

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seneca 5 mi Twsp

c. LENGTH OF STAY (In this place): 17 Yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri b. COUNTY: Newton

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seneca 5 mi. Twsp.

d. STREET ADDRESS (If rural, give location): RFD # 2

3. NAME OF DECEASED (Type or Print) a. (First): Adolf b. (Middle): c. (Last): Gustafson

4. DATE OF DEATH (Month) (Day) (Year): Oct 11, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 11, 1880

9. AGE (In years last birthday): 69 — If under 1 year: Months 4 Days 11 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carl Junction Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Otto Gustafson

13b. MOTHER'S MAIDEN NAME: Christinia Anderson

14. NAME OF HUSBAND OR WIFE: Mamie Gustafson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mamie Gustafson, RFD #2 Seneca Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 6, 1949, *to* Oct 11, 1949 *that I last saw the deceased alive on* Oct 6, 1949, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. B. Luehler M.D.

23b. ADDRESS: Seneca Mo

23c. DATE SIGNED: 10-16-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-15-1949

24c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial

24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: 10-17-49

REGISTRAR'S SIGNATURE: Phyllis Bite

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Parker-Hunsaker Mortuary Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. ~~NEWTON~~ Co. HEALTH UNIT

District File Number 1049-185

Date Filed OCT 24 1949

NOV 2 1949

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 ..... Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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 this body is not embalmed, fact should be so stated above.