

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39961

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

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 4519 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CABOOL		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CABOOL	
3. NAME OF DECEASED (Type or Print) PEARLIE BELLE GUNCKEL		4. DATE OF DEATH (Month) (Day) (Year) NOV. 29 1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 22 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 65
11. BIRTHPLACE (State or foreign country) TECUMSEH, KAN.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME CHELSEY JEMESS		13b. MOTHER'S MAIDEN NAME MIRANDA GREEN	
14. NAME OF HUSBAND OR WIFE JAMES W. GUNCKEL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JAMES W. GUNCKEL	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 hours	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity 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.		Paralysis Agitans	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from on Nov 29, 1949, to _____, 19____, that I last saw the deceased alive on Nov 29, 1949, and that death occurred at 11 P. M., from the causes and on the date stated above.			
23a. SIGNATURE Garrett Cunningham		23b. ADDRESS Cabool Mo	
23c. DATE SIGNED Dec 2/49		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 12-3-49		24c. NAME OF CEMETERY OR CREMATORY Willow SPRINGS	
24d. LOCATION (City, town, or county) (State) Willow SPRINGS, MO.		25. FUNERAL DIRECTOR'S SIGNATURE W. Elliott	
DATE REC'D BY LOCAL REG. 12-2-49		REGISTRAR'S SIGNATURE Gaynell Cunningham	
25. FUNERAL DIRECTOR'S ADDRESS Cabool			

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DePaul
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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.

Signed.....

James S. Bentley

Signed.....

Student Embalmer

Licensed Embalmer No. *4718*

P. O. Address *Calool, 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.