

5. No. 3007
EV. 10.48

FILED NOV 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38384

State File No.

Registrar's No. 986-A

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>South Carolina</u> b. COUNTY <u>Lexington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, S. Campbell Twp.</u>		c. LENGTH OF STAY (in this place) <u>3 mos. 4 ds.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Medical Center for Federal Prisoners</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leesville, Rural</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>---</u> c. (Last) <u>Gunter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 2, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 20, 1921</u>
9. AGE (In years last birthday) <u>31</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>South Carolina</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Sawmill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wayne Gunter</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie (?) Gunter</u>	
13c. NAME OF HUSBAND OR WIFE <u>Lillie Mae Gunter</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>Yes 1943</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>FILE, M.C.F.P. Springfield, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<u>163X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>****</u>		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 <u>July 29, 1952</u> , to <u>November 2, 1952</u> , that I last saw the deceased alive on <u>November 2, 1952</u> , and that death occurred at <u>2:20 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E.C. Rinck</u> (Degree or title) <u>M.D. Clinical Director</u>		23b. ADDRESS <u>Medical Center for Federal Prisoners, Springfield, Mo.</u>	
23c. DATE SIGNED <u>11-4-52</u>		23d. LOCATION (City, town, or county) (State) <u>Leesville, South Carolina</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/5/1952</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>11/12/52</u>		REGISTRAR'S SIGNATURE <u>Edith Williams Registrar</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS <u>AYRE-GOODWIN FUN'L SERVICE, Spgfld, MO.,</u>	

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

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MAY 7 1958

APR 9 1958

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Harry C. [Signature]*

Licensed Embalmer No. 4594

P. O. Address Springfield, Missouri

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.