

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32532

State File No.

FILED OCT 13 1953

BIRTH NO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 4388 Registrar's No. 8

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| 1. PLACE OF DEATH a. COUNTY <u>Osage</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Chamois</u> | c. LENGTH OF STAY (in this place) <u>35 years</u> | c. CITY OR TOWN <u>Chamois</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>0760</u> | |

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| 3. NAME OF DECEASED (Type or Print) HENRY HENRY <u>HENRY HERMAN THEODORE GUNGOLL</u> | b. (Middle) <u>HERMAN</u> | c. (Last) <u>GUNGOLL</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 3, 1953</u> |
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|-----------------------|----------------------------------|--|--|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>June 15, 1893</u> | 9. AGE (In years last birthday) if UNDER 1 YEAR Months Days if UNDER 1 HR. Hours Min. <u>60 2 28</u> |
|-----------------------|----------------------------------|--|--|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Stolpha, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Theodore Gungoll</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Retke</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 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. <u>500-09-8973</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillie Goodson</u> | ADDRESS <u>Chamois, Mo</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u> | | <u>2 weeks</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Coronary Sclerosis</u> | | <u>10-12 yrs.</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Angina Pectoris</u> | | <u>10-12 yrs.</u> | |

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| 19a. DATE OF OPERATION <u>10-3-53</u> | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) | 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 7-16-1953 to 10-3-1953, that I last saw the deceased alive on 9-25-53, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>F. B. Farnsworth D.O.</u> | 23b. ADDRESS <u>Chamois Mo.</u> | 23c. DATE SIGNED <u>10-5-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10/6/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Stolpha Evangelical</u> | 24d. LOCATION (City, town, or county) (State) <u>Stolpha, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>10-10-53</u> | REGISTRAR'S SIGNATURE <u>Anna Moran</u> | 448 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton Funeral Home, Linn, Mo.</u> | ADDRESS |
|---|--|-----|---|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

0760

can be used

NOV 10 1953

OCT 20 1953

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 *Vernon M. Mator*

Licensed Embalmer No. *4125*

P. O. Address *Lisbon 70*

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of Mo
County of Cole } ss.

State File No. 32532

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 8

On this 6 day of Nov, 1953, before me appears Mr
E. S. Wilson, who, upon her oath, states that the original record of ^{birth} death
for Harry Henry Gungold ~~born~~ died Oct 3, 1953 in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 3 should read Harry Henry

Instead of _____ Henry Harry

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. E. S. Wilson sister
Relationship.

175 Chamis, Mo.
Present Address.)

Subscribed and sworn to before me this 6th day of November, 1953.

My Commission expires September 13, 1957 Betty Lou Chapman Notary Public.

