U.S. No. 300
Rev. 10-48

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

FILED DEC 8 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39717

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 406

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Canton
d. STREET ADDRESS (If rural, give location): ----------

8120
8

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

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25, 1953.

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, ~~NEVER MARRIED~~, ~~WIDOWED, DIVORCED~~ (Specify): married
8. DATE OF BIRTH: March 1, 1878
9. AGE (In years last birthday): 75 — If under 1 year: Months / Days — If under 1 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: general
11. BIRTHPLACE (City and State or Foreign Country): Barry, Illinois.
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: John Gunlock
13b. MOTHER'S MAIDEN NAME: Catherine Balzar
14. NAME OF ~~HUSBAND~~ OR WIFE: Lydia Gunlock

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Lydia Gunlock — ADDRESS: New Canton, Ill.

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 Embolism — INTERVAL BETWEEN ONSET AND DEATH: acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Septicemia — 8 days
DUE TO (c): Phlebitis femoral vein — 10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
left leg

Phlebitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
463X
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* Nov/1, 1953, *to* Nov/25, 1953, *that I last saw the deceased alive on* 11/25, 1953, *and that death occurred at* 9:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Hull, Ill
23c. DATE SIGNED

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): burial
24b. DATE: Nov. 28, 1953.
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Park Lawn
24d. LOCATION (City, town, or county) (State): Barry Illinois

DATE REC'D BY LOCAL REG.: 11-27-53
REGISTRAR'S SIGNATURE: Dr. E.M. Lucke By W.C. Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: Fred J. Hufnagel — **ADDRESS**: Barry, Illinois

187-8 (Licensed Embalmer's Statement on Reverse Side)

DEC 7 1953

RECEIVED
MARION CO. HEALTH DEPT.
DATE FILED DEC 7 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~~ not by me. Removed to Ill, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed ~~[illegible]~~ W. Crawford Smith

Licensed Embalmer No. ~~[illegible]~~ 3814

P. O. Address ~~Barry Illinois~~ Hannibal Mis

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.