

8596

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1956

State File No.

BIRTH NO. REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5375 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY DeKalb (Dallas Twp.)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Weatherby (Rural))		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Weatherby
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 0220			
3. NAME OF DECEASED a. (First) LUCINDA		b. (Middle) GUNDERSON c. (Last) GUNDERSON	
4. DATE OF DEATH Mar. 25 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Widowed (Specify)	8. DATE OF BIRTH May 20 1877
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) DeKalb County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Thomas Redman		13b. MOTHER'S MAIDEN NAME Mary Jane Schammahorn	14. NAME OF HUSBAND OR WIFE Gustav Gunderson
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 Leo Gunderson Weatherby Mo. R.F.D.
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) Chronic Endocarditis ANTECEDENT CAUSES (b) Rheumatic Fever Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 4214
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) (Min.)	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 May 1942 to Apr 25, 1956 that I last saw the deceased alive on 3/25, 1956 and that death occurred at 6:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) Mr. Harold Fowler M.D.		23b. ADDRESS Maysville Missouri	23c. DATE SIGNED 3/28-56
24a. BURIAL: CREMATION REMOVAL (Specify) Burial	24b. DATE 3/29-56	24c. NAME OF CEMETERY OR CREMATORY Norwegian Cemetery	24d. LOCATION (City, town, or county) (State) Weatherby Mo. (R.F.D.)
DATE REC'D BY LOCAL REG. 4-1-56	REGISTRAR'S SIGNATURE Leo Gunderson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PILCHER FUNERAL HOME MAYSVILLE MISSOURI	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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.....
C.F. Pilcher
Licensed Embalmer No.....3960

P. O. Address...Maysville...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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.