No. 300
10-48

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

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18728

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4737

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST LOUIS MO
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: 24 ST. LOUIS CHILDREN'S HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: JACKSON
c. CITY OR TOWN: CARBONDALE
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 32 RT. # 3 8120 8

3. NAME OF DECEASED (Type or Print)
a. (First): JACQUELINE
b. (Middle): KAY
c. (Last): GUNN

4. DATE OF DEATH (Month) (Day) (Year): 5 19 1957

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: OCT. 27 - 1944
9. AGE (In years last birthday): 12 — 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): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: JACK M. GUNN
13b. MOTHER'S MAIDEN NAME: MILDRED DEWBERRY
14. NAME OF HUSBAND OR WIFE: SINGLE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Grace Jones — **ADDRESS**: 500 S. KIDD'S HIGHWAY

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) Acute fibrinous pericarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 to 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Septicemia due to hemolytic — 2 to 3 wks.
(c) Staphylococcus aureus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral edema
Hypoprothrombinemia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
063.1
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* 5-13, 1957, *to* 5-19, 1957, *that I last saw the deceased alive on* 5-19, 1957 *and that death occurred at* 12:35 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Barbara Jones, M.D.
23b. ADDRESS: St. Louis Children's Hospital
23c. DATE SIGNED: 5-19-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-19-57
24c. NAME OF CEMETERY OR CREMATORY: Local
24d. LOCATION (City, town, or county) (State): Carbondale, Ill.

DATE REC'D BY LOCAL REG.: MAY 20 '57
REGISTRAR'S SIGNATURE: Karl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Albert H. Hoppe, 4700 Washington Blvd.
M.E.D. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 410

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.