

FILED DEC 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **45149**

No. 30

10.48

BIRTH NO. _____		REG. DIST. NO. 230		PRIMARY REG. DIST. NO. 5810		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY MONTGOMERY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY MONTGOMERY			
b. CITY (If outside corporate limits, write RURAL and give township) RURAL LOUTREE		c. LENGTH OF STAY (in this place) 22 yrs		c. CITY OR TOWN NEW FLORENCE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0100	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) 3 MI WEST BIG SPRINGS MO			
3. NAME OF DECEASED (Type or Print) MINNIE		a. (First)		b. (Middle)		c. (Last) GUDDALE	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		4. DATE OF DEATH (Month) (Day) (Year) DEC. 16 1957	
8. DATE OF BIRTH OCT. 14 1877		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 2 Days 2		IF UNDER 4 HRS. Hours 1 Min. 1	
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) WAUSAU WIS.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN HEROLD		13b. MOTHER'S MAIDEN NAME MINNIE GUTTERER		14. NAME OF HUSBAND OR WIFE FRANK GUDDALE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME John Gudden New Florence Mo. ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephrosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks 10 yrs 10 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) H46X			
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? _____			
I hereby certify that I attended the deceased from 11-20 , 1957, to 12-16 , 1957, that I last saw the deceased alive on 12-13 , 1957, and that death occurred at 5:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Carol T. Shaw, MD				23b. ADDRESS Herman, Mo		23c. DATE SIGNED 12-17-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-18-57		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
DATE REC'D BY LOCAL REG. 12-16-1957		REGISTRAR'S SIGNATURE Mrs. Eunice Bush		25. FUNERAL DIRECTOR'S SIGNATURE Baker Funeral Home		ADDRESS Meriem, Mo	

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

JAN 6 1958

APR 24 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, Student Embalmer No..... working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed..... *R B Baker*

Licensed Embalmer No. *337*

P. O. Address *Americus*

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.