

FILED VS SEP 21 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-031340
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>282</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>6 weeks</u>	c. CITY OR TOWN <u>Ladonia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirkville Osteopathic Hos.</u>		STREET ADDRESS (If rural, give location) <u>2 miles East of Ladonia</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertrude</u>		b. (Middle) <u>L.</u>	c. (Last) <u>Delancey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-5-1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6-4-1883</u>	9. AGE (In years last birthday) <u>76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garment factory</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LaGrand, Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Harrison</u>		
13b. MOTHER'S MAIDEN NAME <u>Kelly</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur Delancey</u>		
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>499-01-9892A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jess Summers, Ladonia</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Sanguine leg</u>		
		DUE TO (c) <u>arterial occlusion</u> <u>2 weeks</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>arteriosclerotic heart disease</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>454X</u>		20. AUTOPSY? 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>July 10, 1959</u> , to <u>Sept 5, 1959</u> , that I last saw the deceased alive on <u>Sept 5, 1959</u> , and that death occurred at <u>4:30 p.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>M. T. Gutenson, D.O.</u>		23b. ADDRESS <u>Kirkville Mo</u>		23c. DATE SIGNED <u>9-5-59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-8-1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ladonia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ladonia, Missouri</u>
DATE REC'D BY LOCAL REG. <u>9-12-1959</u>		REGISTRAR'S SIGNATURE <u>Doris W. Ratoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilkey & Bienhoff Ladonia, Mo</u>

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

M. T. GUTENSON, D.O.

DEC 3 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.....

Clyde L. Wells

Licensed Embalmer No. 382

P. O. Address. Perry

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.