

# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

67 0049689

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11949

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 4 1968

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		Length of stay in 1b <u>1 WEEK</u>	c. CITY OR TOWN <u>MAPLEWOOD</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DEACONESS HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7449 FLORA</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY HATTIE GURNOW</u>		4. DATE OF DEATH Month Day Year <u>12 19 1967</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/19/1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>73</u>
13a. FATHER'S NAME <u>MARK RIGGS</u>		13b. MOTHER'S MAIDEN NAME <u>SIDNEY SCHAFER</u>	11. BIRTHPLACE (City and state or country) <u>HENDERSON MOUND MO</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>490-24-710A</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
14. NAME OF HUSBAND OR WIFE <u>ALBERT GURNOW</u>		17. INFORMANT <u>A GURNOW 7449 FLORA</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Cerebral Hemorrhage 4 days</u> DUE TO (b) <u>Hypertensive cardiovascular disease years</u> DUE TO (c) <u>443x</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute + Chronic Congestive Heart Failure</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>1959</u> to <u>19 Dec. 67</u> and last saw him alive on <u>19 Dec. 67</u> Death occurred at <u>11:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Reynolds L. Coulson, M.D.</u> (Degree or title)		22b. ADDRESS <u>1695 Brentwood Blvd. Brentwood, Mo. 63144</u>	22c. DATE SIGNED <u>21 Dec. 67</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12/22/1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL CEM</u>	23d. LOCATION (City, town, or county) (State) <u>ST LOUIS COUNTY MO</u>
24. FUNERAL DIRECTOR <u>STOCK MORT 9825 HALLS FERRY RD</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>DEC 21 1967</u>	26. REGISTRAR'S SIGNATURE <u>Neal Smith, M.D.</u>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Paul G. Wachter

Licensed Embalmer No. 4787

P. O. Address St Louis County, 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.