

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4236**
Registrar's No. **17**

BIRTH **MAR 11 1954** REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **5187**

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hubble		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (in this place) 70 yrs		d. STREET ADDRESS (If rural, give location) 4 mi west Gordonville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles west Gordonville			
3. NAME OF DECEASED (Type or Print) a. (First) MONROE b. (Middle) — c. (Last) GARTUNG			4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1954
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 2, 1880
9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (State or foreign country) near Gordonville Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Gartung	13b. MOTHER'S MAIDEN NAME Dora Kunnel	14. NAME OF HUSBAND OR WIFE Anna Reeker Gartung	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Clemor Gartung ADDRESS Gordonville	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Typhoid DUE TO (c) high arterial tension 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 4201	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) (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 1950 to Feb 21, 1954 , that I last saw the deceased alive on Mar 2, 1954 , and that death occurred at 7 A. M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm. Sawant M.D.	23b. ADDRESS Delta Mo	23c. DATE SIGNED Feb 24, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 23, 1954	24c. NAME OF CEMETERY OR CREMATORY Zion Methodist	24d. LOCATION (City, town, or county) (State) near Gordonville Mo
DATE REC'D BY LOCAL REG. Mar 1-54	REGISTRAR'S SIGNATURE D. J. Sauer 43	25. FUNERAL DIRECTOR'S SIGNATURE Miller Joseph ADDRESS	

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
Student Embalmer

Signed *Lynnard Steebel*

Licensed Embalmer No. 2476

P. O. Address *Jackson Ms.*

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 this body is not embalmed, fact should be so stated above.