

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0009537

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

032

Primary Registration District No.

Registrar's No.

20

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>BOLLINGER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LEOPOLD</b>		c. CITY OR TOWN <b>LEOPOLD</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home Rt</b>		d. STREET ADDRESS (If outside, give location) <b>Rt</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>CHARLES JOSEPH GUTEL</b>		4. DATE OF DEATH Month Day Year <b>MARCH 2 1965</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 16 1901</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM</b>		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <b>HENRY GUTEL</b>		13b. MOTHER'S MAIDEN NAME <b>THRESIA ARNZEN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WWII</b>		17. INFORMANT Address <b>Josephine Kratter St. Louis Mo.</b>	
18. CAUSE OF DEATH (For use only in case of death caused by: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Malnutrition</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>LACK OF FOOD</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Lived Alone, BECAME ILL, UNABLE to Summon help</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>3 to 4 wks</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Found by Neighbors 3 to 4 wks AFTER death</b>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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 _____, to _____ and last saw him alive on <b>Dead on Arrival</b> Death occurred at <b>UNKNOWN</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Smullin - Coroner</b>		22b. ADDRESS <b>Lutesville, Mo</b>	
22c. DATE SIGNED <b>4-3-65</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>3-29-65</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>BOLLINGER Co. mem.</b>		23d. LOCATION (City, town, or county) (State) <b>LUTESVILLE MO</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Smullin Lutesville, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>4/5/65</b>	
		26. REGISTRAR'S SIGNATURE <b>Mrs Buford Cradw</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

APR 14 1965

### 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

*Not Embalmed*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.