

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **40761**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5744 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Madison</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>		
b. CITY OR TOWN <u>Rural - Castor Township</u>		c. LENGTH OF STAY (in this place) <u>45 yrs.</u>	c. CITY OR TOWN <u>Rural - Castor Township</u>		d. STREET ADDRESS (If rural, give location) <u>7 mi. S.E. of Fredericktown</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Agnes</u> c. (Last) <u>Guinn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27, 1948</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 29, 1873</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR: Months <u>8</u> Days <u>28</u> Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ironton - Iron Co. Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Samuel Mc Gee</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Agnes Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>Levi Calvin Guinn</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. B. L. Tinnin - Carroll Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>33a</u>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Influenza</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 or 5 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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>Dec 10</u> , 19 <u>48</u> , to <u>Dec 27</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>Dec 27</u> , 19 <u>48</u> , and that death occurred at <u>11:22 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Harry Barron MD</u>			23b. ADDRESS <u>Fredericktown Mo</u>		23c. DATE SIGNED <u>Dec 31 48</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-29-48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Snowdenville</u>	24d. LOCATION (City, town, or county) (State) <u>Madison County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-3-1949</u>	REGISTRAR'S SIGNATURE <u>Maude Wickes</u> <u>187</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webb-Adams Funeral Service Fredericktown, Mo.</u>		

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

RECEIVED

Health Officer No. 4

Number 149-61

Date 1-10-49

**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.

Signed

*L. William Adamson*

Licensed Embalmer No. 4317

Signed.....  
Student Embalmer

P. O. Address Frederick town, Md.

**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.