

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3882

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6252 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u> <u>111</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Millspring</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Millspring</u> <u>0</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>None</u> <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home Millspring</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Guyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan.</u> <u>18</u> <u>1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 8, 1882</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u>	IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lead Burner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Pulman Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Harrisburg Penn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ida May Wesley Guyer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>708-16-9431</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ida Guyer</u> ADDRESS <u>Millspring</u>
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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.  <u>975</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Had brain tumor</u> <u>with a lead</u> <u>in brain</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>4214</u>  DUE TO (c) <u>Had knowledge of brain tumor to my first visit</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 18, 1948 to Jan 15, 1949, that I last saw the deceased alive on Jan 15, 1949, and that death occurred at 2:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. James M. D. O.</u>	23b. ADDRESS <u>Piedmont Mo.</u>	23c. DATE SIGNED <u>1-20-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 20 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Piedmont, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 20, 49</u>	REGISTRAR'S SIGNATURE <u>Susie C. Piles</u>	340	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harmon W. Hill</u> ADDRESS <u>Piedmont</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

111  
0  
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JAN 25 1949

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 \_\_\_\_\_

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Marvin E. Bowler*

Licensed Embalmer No. *4426*

P. O. Address *Bedford, Va*

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.