

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15658

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>5519</u>		Registrar's No. <u>137</u>	
1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2 1/2 S.E. Chick-Rural white oak Township</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creighton MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LAVERN</u>		b. (Middle) <u>LOU</u>		c. (Last) <u>WILLIEN</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Oct-30-1925</u>	
9. AGE (In years last birthday) <u>23</u>		10. MONTHS <u>6</u>		11. DAYS <u>25</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chevrolet Plant K.C. MO</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>auto industry</u>		11. BIRTHPLACE (State or foreign country) <u>Henry County MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Virgil George Guillen</u>		13b. MOTHER'S MAIDEN NAME <u>Nina Lou Carington</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>12-15-43 to 7-12-46</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mar Virgil Guillen</u> ADDRESS <u>Creighton MO</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MULTIPLE TRAUMATIC INJURIES TO HEAD & NECK</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>INSTANTANEOUS</u> <u>8:16</u> <u>10:26</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY 35 URICH, MO</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MO HENRY, MO</u>		21d. TIME OF INJURY <u>MAY 25 1949 130A</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AUTO ACCIDENT - OTHER DRIVER</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD, Coroner Henry Co.</u>				23b. ADDRESS <u>Clinton, MO.</u>		23c. DATE SIGNED <u>25 May, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May-27-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carpenter cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>2 miles S.W. Chilhowee MO</u>	
DATE REC'D BY LOCAL REG. <u>May 27 49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred L. Wilkinson</u>		ADDRESS <u>Clinton MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 1 1949

RECEIVED

District Health Officer No.

District File Number 4-49-6

Date Filed 5-21-4

JUN 13 1949

APR 28 1951

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

Fred Williamson

Licensed Embalmer No. 2478

P. O. Address

Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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