

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23188

BIRTH NO. 41 REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 54

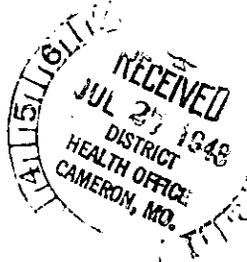
1. PLACE OF DEATH a. COUNTY <b>Harrison</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b>		d. STREET ADDRESS (If rural, give location) <b>124 S. 12th St.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bethany Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>124 S. 12th St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alva</b>			b. (Middle) <b>Bert</b>	c. (Last) <b>Guymon</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7-15-1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>5-25-1879</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>70 1 15</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assistant Postmaster</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assistant Postmaster</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Harrison County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Traih Guymon</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Hahn</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elizabeth Guymon, Bethany,</b>			
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) <b>Myocardial infarction</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary occlusion</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 <b>15 days</b>  <b>15 days</b>  <b>4:20</b>
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)	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 <b>July 1, 1949</b> , to <b>July 15, 1949</b> , that I last saw the deceased alive on <b>July 15, 1949</b> , and that death occurred at <b>7:52 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>V. W. A. Boyler M.D.</b>			23b. ADDRESS <b>Bethany, Missouri</b>		23c. DATE SIGNED <b>7-16-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-17-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pythian</b>	24d. LOCATION (City, town, or county) (State) <b>Bethany, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7-19-49</b>	REGISTRAR'S SIGNATURE <b>Zola Burris</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs. Lee Bethany Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 16 1958

SET 3 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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

M. B. Haas  
Licensed Embalmer No. 3899

P. O. Address Bathany, Mo.

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.