

FILED JUL 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23836

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

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 304

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Russell, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Joplin General Hosp!</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>B.</u> c. (Last) <u>Guffey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5-1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec 24-1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroad worker</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
11. BIRTHPLACE (State or foreign country) <u>Rolla, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Emily Litterell Guffey</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>Emily Guffey - Larussell, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>diabetes mellitus</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>arteriosclerosis</u> <u>Cancer of prostate</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>760X</u> <u>1 yr.</u>	
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) m.	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>May 19, 1948</u> , to <u>July 5, 1949</u> , that I last saw the deceased alive on <u>July 5, 1949</u> , and that death occurred at <u>1:44 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. E. Elchane M.D.</u>		23b. ADDRESS <u>Larussell, Mo</u>	
23c. DATE SIGNED <u>July 6-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 7 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harvey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>RFD - Carthage Mo</u>
DATE REC'D BY LOCAL REG. <u>7-14-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary - Carthage Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-27-49

Jasper County Health Office

County File Number 49-7-581

Date Filed 7-28-49

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 Frank W. Kuehl

Signed _____
Student Embalmer

Licensed Embalmer No. 4940

P. O. Address Carthage

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.