

FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27404

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 5735 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Macou</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macou</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Atlanta Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Atlanta</u>	
c. LENGTH OF STAY (in this place) <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Jackson Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Benjamin</u> c. (Last) <u>Guwimer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 30 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan. 3, 1889</u>
9. AGE (In years) (If under 1 year: last birthday) (If under 12 hrs. Months) (Days) (Hours) (Min.) <u>60 7 27</u>			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Macou Co Mo</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John W Guwimer</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Gollman</u>	14. NAME OF HUSBAND OR WIFE <u>Anna May Guwimer</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>Anna May Guwimer Atlanta 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Myelographic lateral sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>unknown</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. <u>3561</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. 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)		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>6-13</u> , 19 <u>49</u> , to <u>8-30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-30</u> , 19 <u>49</u> , and that death occurred at <u>7</u> <u>m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. M. Gooding</u>		23b. ADDRESS <u>Mass Mo</u>	23c. DATE SIGNED <u>9-6-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 1st 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Labor Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lyda Township Macou Co Mo</u>
DATE REC'D BY LOCAL REG. <u>Sep 8-49</u>	REGISTRAR'S SIGNATURE <u>Wm O. Griffin</u>	186	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. M. Gooding Atlanta Mo</u>

(If Licensed Embalmer's Statement on Reverse Side)

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

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MAR 15 1957

RECEIVED SEP 14 1949
District Health Officer No. 10
District File Number 9-49-159
Date Filed SEP 14 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 H. M. Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta 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.