

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **30899**

No. 300
10.48

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

54
00

FILED SEP 19 1949

4265

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 171 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Napoleon Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Napoleon Rural</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi North</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi North</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Georgia B</u> b. (Middle) <u>Guy</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 1949</u>		
5. SEX <u>F M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Nov 15 1879</u>		9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Days <u>8</u> Hours <u>0</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Blue Springs Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph Reid</u>		13b. MOTHER'S MAIDEN NAME <u>Mitildah Nave</u>	
14. NAME OF HUSBAND OR WIFE <u>Jess Guy</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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Jess Guy</u>		ADDRESS <u>Napoleon 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of intestinal tract. origin unknown</u>		ANTECEDENT CAUSES DUE TO (b) <u>NO.</u> DUE TO (c) <u>NO.</u>				1947	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>None</u>				153X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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 Apr 10 1949 to July 15 1949, that I last saw the deceased alive on Apr 10 1949, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert D. Webb</u>		23b. ADDRESS <u>Oak Grove Mo</u>		23c. DATE SIGNED <u>7/16/49</u>	
--	--	----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Drive</u>		24d. LOCATION (City, town, or county) (State) <u>Napoleon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/17 '49</u>		REGISTRAR'S SIGNATURE <u>Leta Drummond</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs G B Webb - Son</u>		ADDRESS <u>Oak Grove Mo</u>	

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-16-49

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.

Student
Student Embalmer

Signed R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.