

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 8

BIRTH NO. 30-50 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 24

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elm Township</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grim-Smith Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>Livonia, Mo.</u> | |

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|--|---------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Judy</u> b. (Middle) <u>Marlane</u> c. (Last) <u>Guffey</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20, 1950</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u> | 8. DATE OF BIRTH <u>Jan. 19, 50</u> | 9. AGE (In years last birthday) <u>-</u> | IF UNDER 1 YEAR <u>1</u> Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>---</u> | 11. BIRTHPLACE (State or foreign country) <u>Kirkville, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

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| 13a. FATHER'S NAME <u>Marvin Franklin Guffey</u> | 13b. MOTHER'S MAIDEN NAME <u>Faith Ione McWilliams</u> | 14. NAME OF HUSBAND OR WIFE <u>---</u> |
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|---|-----------------------------------|---|-----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Marvin F. Guffey</u> | ADDRESS <u>Livonia, Mo.</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital atelectasis (bilateral)</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>20 hours</u> |
| | ANTECEDENT CAUSES DUE TO (b) <u>Premature, 7 1/2 mo. gestation</u> | | |
| | DUE TO (c) <u>---</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>7625</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

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|--|--|---|
| 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 1/19, 1950, to 1/20, 1950, that I last saw the deceased alive on 1/20, 1950, and that death occurred at 3:50 A. m., from the causes and on the date stated above.

| | | |
|---|------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>J. P. Kings</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Kirkville, Mo.</u> | 23c. DATE SIGNED <u>1/24/50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u> | 24b. DATE <u>Jan. 20, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Rose Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Putnam Co., Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>1-24-50</u> | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Husted</u> | ADDRESS <u>Unionville, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

00130

RECEIVED

JAN 30 1950

District Health Officer No. 10

District File Number 1-20-19

Date Filed JAN 30 1950

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 Marl E. Husted

Licensed Embalmer No. 3304

P. O. Address Amorville, 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.