

FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 50

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CALLAWAY</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GUTHRIE MO</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO MO</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GUTHRIE MO</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KINGS HAUGHTERS HOME</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUE</u>		b. (Middle) <u>GUTHRIE</u>		c. (Last) <u>GRAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 31 1950</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Dec 27 1858</u>	
9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <u>GUTHRIE MO</u>	
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 <u>-</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>THOMAS E GUTHRIE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E CHATTERBACH</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES GUTHRIE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Josephine Pearl</u> ADDRESS <u>MEXICO MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infirmitas of age</u>				5 yrs	
		DUE TO (c) <u>Fracture neck of femur, et.</u>				794XF	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				2 1/2 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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>April 22, 1949</u> , to <u>Jan 27, 1950</u> , that I last saw the deceased alive on <u>Jan 27, 1950</u> , and that death occurred at <u>3:00 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Kallenbach M.D.</u> (Degree or title)				23b. ADDRESS <u>Mexico, Mo</u>		23c. DATE SIGNED <u>Jan 31, 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-31-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GUTHRIE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>GUTHRIE MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 31-1950</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Small Jr.</u> ADDRESS <u>Mexico</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 27 1950

RECEIVED FEB 6 1950  
District Health Officer No. 1  
District File Number 250-24  
Date Filed FEB 6 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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Charles V. Greening*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4625

P. O. Address Mexico 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.