

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9206**

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 62	
1. PLACE OF DEATH a. COUNTY Jasper b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage c. LENGTH OF STAY (In this place) 16 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION 1235 James St.				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jasper c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage d. STREET ADDRESS (If rural, give location) Y. M. C. A. Room 37			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) CLAUDE		c. (Last) GUYNN		4. DATE OF DEATH (Month) (Day) (Year) Mar 29 1950	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Feb 19, 1884	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 1 Days 10		IF UNDER 24 HRS. Hours 10 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired seaman		10b. KIND OF BUSINESS OR INDUSTRY Merchant Marines		11. BIRTHPLACE (State or foreign country) Clinton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William R. Gynn		13b. MOTHER'S MAIDEN NAME Nancy Ellen Fair		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. O. Gynn, Rte 3, Carthage, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Felicit Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberculosis lungs DUE TO (c) (Supplementary report) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 wk 2 yrs NO2X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) Carthage		(COUNTY) (STATE) Jasper MISSOURI	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? INFORMATION REQUESTED			
22. I hereby certify that I attended the deceased from March 20, 1950 , to 3-29, 1950 , that I last saw the deceased alive on March 27, 1950 , and that death occurred at 4:00p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. B. Baker MD				23b. ADDRESS Carthage Mo.		23c. DATE SIGNED 3-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar 31, 1950		24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery		24d. LOCATION (City, town, or county) (State) Carterville, Mo.	
DATE REC'D BY LOCAL REG. 3/31/50		REGISTRAR'S SIGNATURE J. B. Clinton		25. FUNERAL DIRECTOR'S SIGNATURE Donnell Mortuary		ADDRESS Carthage, Mo.	

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

RECEIVED 4-3-50
Jasper County Health Office

County File Number 50-3-230

Date Filed 4-3-50

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

Gene H. Parrent

Student Embalmer No. 349

working under my personal supervision

Student *Gene H. Parrent*
Student Embalmer

Signed

Robert H. Knell

Licensed Embalmer No. 4459

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.