

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9957

State File No.

FILED APR 14 1950

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits; write RURAL and give township) OR TOWN <u>Moberly</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1101 Buchanan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Grant</u>	b. (Middle) <u>A</u>	c. (Last) <u>McGuire</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 15th 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 15th 1872</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd. Hatcher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>City of Moberly</u>	11. BIRTHPLACE (State or foreign country) <u>Ky!</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Com. McGuire</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Harrison</u>	14. NAME OF HUSBAND OR WIFE <u>Rosie</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rosie McGuire</u>	ADDRESS <u>Moberly 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, asphyxia, 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* (a) <u>Pulmonary Embolism</u>		<u>1 hour</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atypical Primary Pneumonia</u> DUE TO (c) <u></u>		<u>2 weeks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>492X</u> <u>1 Life time</u>	

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)
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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?
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22. I hereby certify that I attended the deceased from Mar 23, 1950, to April 1, 1950, that I last saw the deceased alive on April 1, 1950, and that death occurred at 6:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clemente Clohos, M.D.</u>	23b. ADDRESS <u>300 1/2 24th St, Moberly, Mo</u>	23c. DATE SIGNED <u>April 4 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial III</u>	24b. DATE <u>Apr 4 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>
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DATE REC'D BY LOCAL REG. <u>Apr 4-50</u>	REGISTRAR'S SIGNATURE <u>Leah Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahon and Saw</u>	ADDRESS <u>Moberly Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1983
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JUN 11 1954

RECEIVED APR 10 1950
District Health Officer No. 10
District No. 4-50-69
Date Filed APR 10 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.

Signed Frank D. DeWitt

Signed _____
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.