

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17893

State File No.

No. 300

10. 48

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Oklahoma</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oklahoma City</u> <u>8350</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Harvester</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pauline</u> b. (Middle) <u>Gertrude</u> c. (Last) <u>Guernsey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May, 21, 1950</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 21, 1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Schoolteacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>	9. AGE (In years last birthday) <u>48</u> IF UNDER 1 YEAR Months <u>1</u> Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>Strong City, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elmer James Guernsey</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Honderick</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>L.E. Guernsey</u>		ADDRESS <u>Oklahoma City</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Airplane Accident</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ <u>Airplane Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Plane falling & burning</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>= 866</u> <u>39</u>
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dardenne St. Charles MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-21-50-8.30 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Airplane falling</u>			
22. I hereby certify that I was <u>was</u> held inquest <u>May, 21, 1950</u> <u>9:50</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Marion Murchey Carson</u>		23b. ADDRESS <u>Wentzville, Mo.</u>	
23c. DATE SIGNED <u>5-21-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-22-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wentzville</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>May 23-50</u>		REGISTRAR'S SIGNATURE <u>E.A. Keithley</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Marion Murchey Wentzville</u>		ADDRESS _____	

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

JUN 16 1960

AUG 10 1960

RECEIVED
MAY 26 1960
District Health Officer No. 91
District File Number

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 ^{not} _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Mavis Murchony

Licensed Embalmer No. 2461

P. O. Address Wentzville 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.