

FILED NOV 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35934**

BIRTH NO. _____		REG. DIST. NO. 349		PRIMARY REG. DIST. NO. 4514		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) Green City		c. LENGTH OF STAY (In this place) 50 years		c. CITY (If outside corporate limits, write RURAL and give township) Green City		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Green City				d. STREET ADDRESS (If rural, give location) No street address			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Sherman		c. (Last) Guffey		4. DATE OF DEATH (Month) (Day) (Year) Oct. 28, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 15, 1865		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months --- Days ---	IF UNDER 2 HRS. Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman in Lumberyard		10b. KIND OF BUSINESS OR INDUSTRY Lumberyard		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Chandler Guffey		13b. MOTHER'S MAIDEN NAME Mary Catharine Mays		14. NAME OF HUSBAND OR WIFE Minnie Viola Guffey			
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 Mrs. Riley Singley, Green City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pernicious anemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 2900	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 July 1 1950 , to Oct 14, 1950 that I last saw the deceased alive on Oct 14, 1950 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE W. Herington, M.D.				23b. ADDRESS Green City, Mo		23c. DATE SIGNED NOV 24-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 30, 1950	24c. NAME OF CEMETERY OR CREMATORY Green City Cemetery		24d. LOCATION (City, town, or county) (State) Green City, Mo.		
DATE REC'D BY LOCAL REG. Oct. 3, 1950		REGISTRAR'S SIGNATURE Laura Beath		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Kent & Son Green City, Mo			

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

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Date Received: NOV 6 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-1
Date Filed: NOV 8 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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.