

FILED JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41188

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give town) Carthage		c. LENGTH OF STAY (in this place) 6 Yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Carthage		10493
d. FULL NAME OF HOSPITAL OR INSTITUTION 1138 So. Maple			d. STREET ADDRESS (If rural, give location) 1138 So. Maple		
3. NAME OF DECEASED (Type or Print) Charley			a. (First) (n)	b. (Middle)	c. (Last) GUINN
4. DATE OF DEATH Dec. 30, 1950		5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 6, 1873
9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.	11. BIRTHPLACE (State or foreign country) Cedar Co., Mo. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Carpenter & Contractor			10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Geo. Guinn		13b. MOTHER'S MAIDEN NAME Clarice Lewis		14. NAME OF HUSBAND OR WIFE Martha Lewis Guinn	
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. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Martha Guinn		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis agitans			DUE TO (b) -		5 yrs +
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) -		350X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -					
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) m.		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 April 4, 1951, to 12-28, 1950, that I last saw the deceased alive on 12-28, 1950, and that death occurred at 7:45 A.M., from the causes and on the date stated above.					
23a. SIGNATURE Russell Smith			23b. ADDRESS Carthage, Mo.		23c. DATE SIGNED 12-30-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.	
DATE REC'D BY LOCAL REG. 12-30-50		REGISTRAR'S SIGNATURE L.B. Clinton, Mo. 439		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-2-51  
Jasper County Health Office

County File Number 50-12-961

Date Filed 1-2-51

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. ....

Student .....  
Student Embalmer

Signed *John S. Pennington*  
Licensed Embalmer No. 4194  
P. O. Address.....

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.