

FILED MAR 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 8992

0143
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BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	
c. LENGTH OF STAY (In this place) On Arrival		014070u	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway CO, Hospital		d. 'STREET' ADDRESS (If rural, give location) R. F. D. # 6 / 1, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Wesley	c. (Last) Guerrant	4. DATE OF DEATH (Month) (Day) (Year) March 21 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 8, 1895	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 13	Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Callaway County, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Wesley Guerrant	13b. MOTHER'S MAIDEN NAME Ocie Craighead	14. NAME OF HUSBAND OR WIFE Mollie Sophie Guerrant
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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) In Camp World War #1	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. W. Guerrant	ADDRESS Ful ton Mo
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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, asthma, 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) Pulmonary Embolus		1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombophlebitis Rt leg DUE TO (c) Polycythemia Vera Pulmonary Infarct		1 month 3 years 1 month
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 none	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)	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 24 Mar 1951, to 21 Mar 1951, that I last saw the deceased alive on 21 Mar 1951, and that death occurred at 9:50 P. M., from the causes and on the date stated above.

23a. SIGNATURE E. W. [Signature]	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 23 Mar 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 22, 1951	24c. NAME OF CEMETERY OR CREMATORY Callaway Memorial Gardens	24d. LOCATION (City, town, or county) (State) Fulton, Mo.
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DATE REC'D BY LOCAL REG. Mar 23 1951	REGISTRAR'S SIGNATURE Maritta Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home	ADDRESS Fulton, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE No. 4
APR 17 1951

MAR 24 1951

RECEIVED

JAN 17 1951

AUG 26 1952

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 Reuzil C. Browning

Licensed Embalmer No. 2728

P. O. Address Fulton, Md.

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.