

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **22114**
Registrar's No. **775**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Dominhan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy	
c. LENGTH OF STAY (in this place) 2 days		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print)	a. (First) Edwin	b. (Middle) Eugene	c. (Last) Guy	4. DATE OF DEATH (Month) (Day) (Year) July 18 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 Feb. 21 1929	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of year, or title, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sparks Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Safford Guy	13b. MOTHER'S MAIDEN NAME Ruby Turpen	14. NAME OF HUSBAND OR WIFE Betty Ann Guy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 511-24-6280	17. INFORMANT'S SIGNATURE OR NAME Safford Guy	ADDRESS Troy Kansas
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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) peritonitis, generalized		2 1/2 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) appendicitis, perforated		3 days
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 7/17/51	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 5501
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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) m.	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 **July 17, 1951**, to **July 18, 1951**, that I last saw the deceased alive on **July 18, 1951**, and that death occurred at **9:10A** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS 420 N 85th St Troy Mo	23c. DATE SIGNED 7/24/51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 7/18/51	24c. NAME OF CEMETERY OR CREMATORY mt alms	24d. LOCATION (City/town, or county) (State) Troy Kansas
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DATE REC'D BY LOCAL REG. July 24, 1951	REGISTRAR'S SIGNATURE Carl C. Castle	446	25. FUNERAL DIRECTOR'S SIGNATURE Karl [Signature]	ADDRESS Troy Kan
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No. 300
10.48
7
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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

[Handwritten Signature]

Licensed Embalmer No.

3532

P. O. Address

Troy Ka

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.