

FILED AUG 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23631

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 2038 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield	
c. LENGTH OF STAY (in this place) 8 weeks		0582	
d. FULL NAME OF HOSPITAL OR INSTITUTION 433 E. Prairie Street		d. STREET ADDRESS (If rural, give location) 433 East Prairie Street 0	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER E. b. (Middle) GUYER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 22, 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH August 24, 1868	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - ret.		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Linn County, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME John H. Guyer		13b. MOTHER'S MAIDEN NAME Elizabeth Fosher		14. NAME OF HUSBAND OR WIFE Eliza Viola Forshee	
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. Eliza Guyer Brookfield, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SENILE DEMENTIA		
	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 checked="" 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)	3048
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 19, 1951, to July 22, 1951, that I last saw the deceased alive on July 21, 1951, and that death occurred at 3:30p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Potter		23b. ADDRESS Brookfield, Mo.		23c. DATE SIGNED 7-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Bear Branch Cemetery	24d. LOCATION (City, town, or county) (State) Purdin, Mo.		

DATE REC'D BY LOCAL REG. 7-23-51	REGISTRAR'S SIGNATURE [Signature] 167	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home, Brookfield, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0582

Date Received: JUL 30 1961
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1348
Date Filed: JUL 30 1961

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.....

Signed.....

Harold B. Wright

Signed.....
Student Embalmer

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.