

DEC 8 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36551

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 330

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico 0043</u>	
c. LENGTH OF STAY (in this place) <u>349m22</u>		d. STREET ADDRESS (If rural, give location) <u>705 S. Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>GEORGIA</u>	b. (Middle) <u>-</u>	c. (Last) <u>GUTHRIE</u>	(Month) <u>Nov</u>	(Day) <u>25</u>	(Year) <u>1951</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>1867</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>husk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joel Guthrie</u>	13b. MOTHER'S MAIDEN NAME <u>dK</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>dK</u>	16. SOCIAL SECURITY NO. <u>dK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records Fulton Mo</u>	ADDRESS <u>Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hypox pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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. <u>semilepsychose simple type fracture left femur</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>89047 21</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 11-16, 1951, to 11-25, 1951 that I last saw the deceased alive on 11-25, 1951 and that death occurred at 6:57m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M.D. Miller M.D.</u>	23b. ADDRESS <u>State Hos Fulton Mo</u>	23c. DATE SIGNED <u>11-25-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11-27-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edmwood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Mexico Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 25-1951</u>	REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Arnold</u>	ADDRESS <u>Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

# 0143

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 3 1951

RECEIVED

APR 1 9 1952

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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

*Richard Y. McDonald*

Licensed Embalmer No. *4825*

P. O. Address

*Memphis, 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.