

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38086

State File No.

No. 300 FILED NOV 27 1951
10.48

BIRTH NO. _____ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4310 Registrar's No. 125

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bever</u>	c. LENGTH OF STAY (In this place) <u>-</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bever</u> <u>0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>-</u>		d. STREET ADDRESS (If rural, give location) <u>-</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Guffey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-18-51</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>5-8-1903</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Sam Guffey</u>	13b. MOTHER'S MAIDEN NAME <u>Jessie Jackson</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>no</u>	16. SOCIAL SECURITY (If yes, give no. or date of service) <u>487-30-0430</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Guffey</u> ADDRESS <u>Bever 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>instantly</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>			

19a. DATE OF OPERATION <u>-</u>	19b. MAJOR FINDINGS OF OPERATION <u>-</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, camp, field, etc.) <u>car</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Macon Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>10-18-1951 9:40 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Slumped down in seat of car</u>

22. I hereby certify that I attended the deceased from 10-18-51, to 10-18-51, that I last saw the deceased alive on 10-18-51, and that death occurred at 9:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles L. Hutton, Coroner</u>	23b. ADDRESS <u>Macon Mo</u>	23c. DATE SIGNED <u>Oct. 18, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-21-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Oakwood</u>	24d. LOCATION (City, town, or county) (State) <u>Bever Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-13-51</u>	REGISTRAR'S SIGNATURE <u>Josephine Kunkel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P.S. Edwards</u> ADDRESS <u>Bever Mo</u>
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RECEIVED 11-20-51
MACON COUNTY HEALTH DEPARTMENT
County File No. 11-51-192
Date Filed 11-23-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James H. Davis
Licensed Embalmer No. 4478

P. O. Address Bevier, Missouri

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.