

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. 214

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 693

1. PLACE OF DEATH a. COUNTY <u>Saline 0970</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Saline Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Marshall</u> ) c. LENGTH OF STAY (In this place) <u>7-7-</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City 0264</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State School</u>		d. STREET ADDRESS (If rural, give location) <u>314 Ash St 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jerre</u> b. (Middle) _____ c. (Last) <u>Guerrero III</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 29 1957</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>Dec 31 1943</u>
9. AGE (In years last birthday) <u>7</u> UNDER 1 YEAR Months <u>10</u> Days <u>28</u>		9. AGE (In years last birthday) <u>7</u> UNDER 1 YEAR Months <u>10</u> Days <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Sicklerton Mo 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jose Guerrero Sr</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>never married</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Reverend Mo State School</u> ADDRESS <u>Marshall Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Asthma</u>  ANTECEDENT CAUSES Morbid 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>241X</u>	
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 <u>Oct</u> , 195 <u>6</u> to <u>Nov. 29 1957</u> , that I last saw the deceased alive on <u>11-29</u> , 19 <u>57</u> , and that death occurred at <u>11:25</u> P.M., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. Salyer</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Marshall Mo</u>	23c. DATE SIGNED <u>11-29-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-30-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Sicklerton Mo</u>
DATE REC'D BY LOCAL REG. <u>Nov. 30. 1957</u>	REGISTRAR'S SIGNATURE <u>Sidney J Gray</u> 385	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Horshager</u> ADDRESS <u>Marshall Mo</u>	

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

RECEIVED DEC 3 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed DEC 3 1951

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.

Signed Joseph R. Markler

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.