V.S. No. 300
Rev. 10.48

FILED JAN 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 254

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY: Buchanan 017
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 50 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2320 South 4th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 017
d. STREET ADDRESS (If rural, give location): 2320 South 4th

3. NAME OF DECEASED (Type or Print): a. (First) Francis b. (Middle) F. Z. c. (Last) Guiiett

4. DATE OF DEATH (Month) (Day) (Year): Jan. 11, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 27, 1875
9. AGE (In years last birthday): 76 — 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): Retired Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Glass Trade
11. BIRTHPLACE (State or foreign country): Savannah, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Truman Z. Guiiett
13b. MOTHER'S MAIDEN NAME: Eliz. Ann Tolles
14. NAME OF HUSBAND OR WIFE: Mary E. Guiiett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-28-6130
17. INFORMANT'S SIGNATURE OR NAME: Mary E. Guiiett **ADDRESS**: 2320 So. 4th

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 5yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None known
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None 410X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: No injury

22. *I hereby certify that I attended the deceased from* Jan. 1951, *to* Jan. 11, 1952, *that I last saw the deceased alive on* Dec. 20, 1951, *and that death occurred at* 1:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Elliott M D
23b. ADDRESS: 801½ Francis St St Joseph, Mo.
23c. DATE SIGNED: 1-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-14-52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: Jan 18, 1952
REGISTRAR'S SIGNATURE: Carl C. Cas 446
25. FUNERAL DIRECTOR'S SIGNATURE: Herman W. Grafenfader **ADDRESS**: 1802 Union St

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.