

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2289**

FILED FEB 8 1952

BIRTH NO. _____ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4410** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Soldiers Home Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Alexander b. (Middle) _____ c. (Last) Guy	4. DATE OF DEATH (Month) (Day) (Year) Jan 28 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 18 1887	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR 7 Months	IF UNDER 1 HR. 10 Hours	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Kimwick, Missouri	12. CITIZEN OF WHAT COUNTRY? usa
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13a. FATHER'S NAME T. Wilson Guy	13b. MOTHER'S MAIDEN NAME Elizabeth	14. NAME OF HUSBAND OR WIFE Laura Guy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 495-36-0100	17. INFORMANT'S SIGNATURE OR NAME Laura Guy ADDRESS St. James, MO
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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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate		INTERVAL BETWEEN ONSET AND DEATH 6 months
	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 March 22, 1951	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 177X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 177X
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22. I hereby certify that I attended the deceased from **March 15, 1951**, to **Jan 27, 1952** that I last saw the deceased alive on **Jan 27, 1952**, and that death occurred at **4:20 a.m.** from the causes and on the date stated above.

23a. SIGNATURE James L. Guthrie M.D. (Degree or title)	23b. ADDRESS St. James, Mo.	23c. DATE SIGNED 1/29/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-30-52	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) St. James, M
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DATE REC'D BY LOCAL REG. Feb. 2-52	REGISTRAR'S SIGNATURE Cora C. Birmingham	25. FUNERAL DIRECTOR'S SIGNATURE C. Jesse Gahr ADDRESS St. James, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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County File Number _____
Date Filed 2-7-52

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 C. Jesse Gahr

Signed.....
Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, 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.