

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21144

State File No. ....

No. 300  
10.48

JUN 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 61

61

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>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon, Atlanta</u>	
c. LENGTH OF STAY (In this place) <u>2 wks</u>		d. STREET ADDRESS (If rural, give location) <u>Macon 0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred E.</u> b. (Middle) <u>Guinner</u> c. (Last) <u>Guinner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 12, 1986</u>	9. AGE (In years: last birthday) Months Days <u>65 10 17</u>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Elevator operator and farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Macon Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John W Guinner</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Goleman</u>	14. NAME OF HUSBAND OR WIFE <u>Cecil Moody</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>_____</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Guinner</u> ADDRESS <u>Atlanta 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lympho SARCOMA</u>	DUE TO (b) _____
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	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 checked="" 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) <u>2001</u>
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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? _____
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22. I hereby certify that I attended the deceased from 4/22, 1952, to 5/29, 1952, that I last saw the deceased alive on 4/29, 1952, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James E. Campbell, M.D.</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>Macon, Mo.</u>	23c. DATE SIGNED <u>June 4, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY <u>McLabor Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lyla T.S. Macon Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>6/3/52</u>	REGISTRAR'S SIGNATURE <u>Auth Mcneely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Humbordding</u> ADDRESS <u>Atlanta Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-29-52  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 6-52-100  
Date Filed 6-25-52

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, only

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed H M Gooding

Licensed Embalmer No. 1750

P. O. Address Atlanta 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.