

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37713**

FILED DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1278**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 2 months			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 7 St. Joseph		d. STREET ADDRESS (If rural, give location) Rt. # St. Joseph	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) EMERY	c. (Last) GUYER	4. DATE OF DEATH (Month) (Day) (Year) Dec. 1 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 Dec. 25 1874	9. AGE (In years last birthday) 77	# UNDER 1 YEAR Months	# UNDER 100 Hrs. Days	# UNDER 1000 Hrs. Hour	# UNDER 10000 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (State or foreign country) Forbes Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME William A. Guyer	13b. MOTHER'S MAIDEN NAME Unk	14. NAME OF HUSBAND OR WIFE Mrs. Dora Guyer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. Nola Guyer	ADDRESS Oregon Missouri
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia (double)		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Fracture of right femur		
DUE TO (c)		4 years	
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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Oregon Holt Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-8-48 ? m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car Accident on highway.
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22. I hereby certify that I attended the deceased from **on 12/2, 1952**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:45 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner)	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 12/2/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 5 1952	24c. NAME OF CEMETERY OR CREMATORY Oregon Cemetery	24d. LOCATION (City, town, or county) (State) Oregon Missouri
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DATE REC'D BY LOCAL REG. Dec 9, 1952	REGISTRAR'S SIGNATURE Carl E. Carter	25. FUNERAL DIRECTOR'S SIGNATURE Stammy Funeral Home	ADDRESS St. Joseph Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 3 1953

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 Charles E. Bennett

Licensed Embalmer No. 4673

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.