

FILED DEC 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42789

42789

BIRTH NO. _____		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 6706		Registrar's No. 74			
1. PLACE OF DEATH a. COUNTY <i>Mc Donald</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Mc Donald</i>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Anderson township</i>		c. LENGTH OF STAY (In this place) <i>40 years</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Anderson township</i>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3 miles Northwest Anderson</i>				d. STREET ADDRESS (If rural, give location) <i>3 miles Northwest Anderson</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>James</i>		b. (Middle) <i>Elmer</i>		c. (Last) <i>Guyll</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 28 1952</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>May 21, 1885</i>			
9. AGE (In years last birthday) <i>67</i>		IF UNDER 1 YEAR Months <i>6</i> Days <i>7</i>		IF UNDER 1 YEAR Hours <i>7</i> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <i>Rogers, Arkansas</i>			
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME <i>Willard Guyll</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Pace</i>		14. NAME OF HUSBAND OR WIFE <i>Pearl Guyll</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>600-09-2900</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Paul Guyll</i>			ADDRESS <i>Independence, Mo.</i>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinomatosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Carcinoma of skin of neck</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>191X</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)					
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 <i>10-1</i> , <i>1950</i> , to <i>11-28</i> , <i>1952</i> , that I last saw the deceased alive on <i>11-20</i> , <i>1952</i> , and that death occurred at <i>11:09</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>W. Blankenship M.D.</i>				(Degree or title)		23b. ADDRESS <i>Anderson Mo.</i>		23c. DATE SIGNED <i>12-1-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Dec. 1, 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Anderson Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Anderson, Missouri</i>			
DATE REC'D BY LOCAL REG. <i>12-4-52</i>		REGISTRAR'S SIGNATURE <i>Mayor Humphrey</i>		423-1		25. FUNERAL DIRECTOR'S SIGNATURE <i>Patience General Home</i> ADDRESS <i>Clete Mae Cheatham Anderson, Mo.</i>			

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 _____

Student Embalmer No. 474

working under my personal supervision.

Student Ray P. Adams.....
Student Embalmer

Signed Corly Thompson

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.