

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1784

State File No.

FILED JAN 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>4</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jackson City</u>		c. LENGTH OF STAY (In this place) <u>8 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Tripletts, Missouri</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>9117 Cherry</u>				d. STREET ADDRESS (If rural, give location) <u>01911</u>				
3. NAME OF DECEASED a. (First) <u>Miss Mary</u>			b. (Middle) <u>A</u>		c. (Last) <u>Guillod</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-17-1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11-11-1867</u>		9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John P. Guillod</u>			13b. MOTHER'S MAIDEN NAME <u>Adela unknown</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Olvin Smith 9117 Cherry</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>				DUE TO (b) <u>Toxic Myocarditis</u>				<u>7 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (c) <u>Bronchial Pneumonia</u>				DUE TO (c) <u>Bronchial Pneumonia</u>				<u>12 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>								<u>12 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>Jan 10, 1953</u> , to <u>Jan 12, 1953</u> , that I last saw the deceased alive on <u>Jan 12, 1953</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Carl S. Reitz M.D.</u>				23b. ADDRESS <u>404 1/2 W. 75th K.C. Mo.</u>		23c. DATE SIGNED <u>1-18-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McCullough Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Tripletts, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Jan 19-53</u>		REGISTRAR'S SIGNATURE <u>Dr. Annie E. Hodges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wornall</u>		ADDRESS <u>Funeral Home</u>		

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

JAN 12 1954

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 Russell N. France

Licensed Embalmer No. 4255

P. O. Address K. C. 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.