

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4816**

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>	
b. CITY OR TOWN <u>COLUMBIA</u>	c. LENGTH OF STAY (in this place) <u>64 DAYS</u>	c. CITY OR TOWN <u>DEERFIELD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLIS FISCHER STATE CANCER HOSP</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>WINSTON</u> c. (Last) <u>McGUIRE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 10 53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>2-1-88</u>	9. AGE (In years last birthday) <u>65</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u>		11. BIRTHPLACE (State or foreign country) <u>DEERFIELD MO</u>	

13a. FATHER'S NAME <u>Dont know</u>	13b. MOTHER'S MAIDEN NAME <u>Dont know</u>	14. NAME OF HUSBAND OR WIFE <u>Dont know</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LOTENE WIENBERG, COLUMBIA, MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of pancreas</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>157X</u>		INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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 12-8, 1952 to 2-10, 1953, that I last saw the deceased alive on 2-11-53, 19, and that death occurred at 4:25 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. A. Donaldson, MD</u> (Degree or title)	23b. ADDRESS <u>Ellis Fischer State Cancer Hosp</u>	23c. DATE SIGNED <u>2-10-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>"Nevada" Deerfield</u>
		24d. LOCATION (City, town, or county) (State) <u>Nevada Mo.</u>

DATE REC'D BY LOCAL REG. <u>Feb 10 195</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Willet Funeral Home Newell, Columbia</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

01050

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 Lynnan H. Sprinkle
Licensed Embalmer No. 4013

P. O. Address Columbia, 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.