

FILED MAY 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13704**
0270
Registrar's No. **55**

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 5308		State File No. 13704		Registrar's No. 55			
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper							
b. CITY (If inside corporate limits, write RURAL and give township) Blackwater Twp 4 yrs		c. LENGTH OF STAY (In this place) 4 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Blackwater							
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 mi. N. Pilot Grove				d. STREET ADDRESS (If rural, give location) 4 mi. north of Pilot Grove							
3. NAME OF DECEASED (Type or Print) FRCH			a. (First)			b. (Middle)			c. (Last) M^{rs} GUIYE		
5. SEX Male			6. COLOR OR RACE W			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Dec-18-1877		
9. AGE (In years) 75			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Same			11. BIRTHPLACE (State or foreign country) Missouri		
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME John McQuire			13b. MOTHER'S MAIDEN NAME Harriett Debrauer			14. NAME OF HUSBAND OR WIFE Minnie McQuire		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No			16. SOCIAL SECURITY NO. No			17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Minnie McQuire - Blackwater, Mo. - RFD #					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis							INTERVAL BETWEEN ONSET AND DEATH 3 yrs		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Congestive Failure)									
		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 None		19b. MAJOR FINDINGS OF OPERATION 4222							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) (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 Jan , 19 51 , to May 2 , 19 53 , that I last saw the deceased alive on 4-30 , 19 53 and that death occurred at 12:00 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) T.C. Beckett M.D.					23b. ADDRESS Boonville, Mo.			23c. DATE SIGNED 5-4-53			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)				
None		May 7 53		Pilot Grove - Mt. Vernon			Pilot Grove Mo				
DATE REC'D BY LOCAL REG. 5/4/53		REGISTRAR'S SIGNATURE W. Hooper			25. FUNERAL DIRECTOR'S SIGNATURE Hayes & Painter			ADDRESS Pilot Grove Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

270
1

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~~

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed *Peyton E. Nays*

Student Embalmer No.

Licensed Embalmer No. *3074*

P. O. Address *Pilot Grove, 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.