

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED OCT 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4347 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montg</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middletown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middletown</u> <u>0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>W</u>	c. (Last) <u>McGuire</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>27</u> <u>Sept.</u> <u>1953</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 30, 1871</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>New Hartford Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John McGuire</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Griffin</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Carfield</u>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ella A. Wilkins</u>	ADDRESS _____
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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, asthenia, 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>Carcinoma of Stomach</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) _____		
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 <u>151X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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2. I hereby certify that I attended the deceased from July, 1953, to Sept 27, 1953, that I last saw the deceased alive on Sept 27, 1953, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. Smith M.D.</u> (Degree or title)	23b. ADDRESS <u>Middletown, Mo</u>	23c. DATE SIGNED <u>9/27/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 28 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Middletown Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 28-53</u>	REGISTRAR'S SIGNATURE <u>Joe Chapman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bohene Pritchett</u>	ADDRESS <u>Middletown Mo</u>
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(Licensed Embalmer's Statement on Reverse Side) Bohene Pritchett

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

200

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 *John W. Butler* _____

Licensed Embalmer No. *4447* _____

P. O. Address *Rowley Green, Mass.* _____

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.