

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36863

State File No.

FILED OCT 27 1953

BIRTH NO. 72589 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 262

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>	
c. LENGTH OF STAY (In this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>217 Collins</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Whitaker Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>HENRY</u> c. (Last) <u>GUTHRIE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-22-1953</u>		
-----------------------------------------------------------------------------------------------------------------	--	--	-------------------------------------------------------------	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct-21-1953</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>0 0 1 0 0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Moberly Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Amos Glenn Guthrie</u>		13b. MOTHER'S MAIDEN NAME <u>Beath Bell Boyer</u>		14. NAME OF HUSBAND OR WIFE	
-------------------------------------------------	--	------------------------------------------------------	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Amos Guthrie</u>		ADDRESS <u>Moberly Mo</u>	
-----------------------------------------------------------------------------------------------------------------------	--	----------------------------------------	--	----------------------------------------------------------	--	------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>premature (6 1/2 months)</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		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>776 X</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 Oct. 21, 1953, to Oct. 22, 1953, that I last saw the deceased alive on Oct. 22, 1953, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. T. Whitaker D.O.</u>		23b. ADDRESS <u>205 S. Fifth, Moberly, Mo.</u>		23c. DATE SIGNED <u>10-23-53</u>	
----------------------------------------------------------------	--	---------------------------------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct-23-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hagan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>West of Moberly MO.</u>	
-------------------------------------------	--	---------------------------------	--	-------------------------------------------------------------	--	-----------------------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. <u>Oct 23-53</u>		REGISTRAR'S SIGNATURE <u>Paul Deereau</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Coel Snow</u>		ADDRESS <u>Funeral Home Moberly Mo</u>	
----------------------------------------------	--	----------------------------------------------	--	------------------------------------------------------	--	-------------------------------------------	--

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

no. 300
10.48

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

Not Embalmed
Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.