

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36952

State File No.

FILED NOV 9-1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 375

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u>		c. CITY (If outside corporate limits, write RURAL and give township) a. TOWN <u>Fredericktown</u> b. TOWN <u>St. Michael Twp.</u>	
c. LENGTH OF STAY (In this place) <u>19Y; 2M; 2D</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2, Fredericktown, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>PAUL</u> c. (Last) <u>DeGUIRE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 30, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>January 1, 1907</u>		9. AGE (In years last birthday) <u>46</u>		10. UNDER 1 YEAR (Days) <u>9</u> (Hours) <u>29</u> (Mins.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Glenallen, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Henry DeGuire</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Crader</u>		14. NAME OF HUSBAND OR WIFE <u>--</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) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hospital No. 4, Farmington, Mo.</u>	
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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, 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>Bilateral Pulmonary Tuberculosis, as revealed by x-ray 9-16-52.</u>		DUPLICATE OF (b) <u>None</u>				DUPLICATE OF (c) <u>None</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia Praecox Psychosis - - - -</u>						<u>19 yrs.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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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22. I hereby certify that I attended the deceased from Sept. 16, 1952, to October 30, 1953, that I last saw the deceased alive on October 30, 1953, and that death occurred at 4:20 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)			23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>			23c. DATE SIGNED <u>10-31-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-1-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marcus Memorial Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Madison County, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 31, 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Najim Funeral Home, Fredericktown, Mo.</u>			
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
00.48

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

Signed

Charles McPartly

Licensed Embalmer No. *4852*

P. O. Address *Fredericktown, 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.