

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36959

State File No. _____

FILED NOV 9 - 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 373

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and date)		
a. COUNTY <u>St. Francois</u>			a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Township - Rural</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home Farmington Rfd. 3</u>			e. STREET ADDRESS (If rural, give location) <u>Farmington Rfd. 3</u> 0940 0		
3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX	
a. (First) <u>Ansul</u>		b. (Middle) <u>Ervin</u>		c. (Last) <u>McGuire</u>	
(Type or Print)		Nov. 4, 1953		Male <input checked="" type="checkbox"/>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 8, 1875</u>	
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>None</u>		9. AGE (In years last birthday) <u>78</u>	
				If UNDER 1 YEAR: Months <u>7</u> Days <u>26</u>	
				If UNDER 1 HR.: Hours <u></u> Min. <u></u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>William Gyer McGuire</u>		13b. MOTHER'S MAIDEN NAME <u>Hopkins</u>		14. NAME OF HUSBAND OR WIFE <u>Addie McGuire</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>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cecil McGuire</u>	
				ADDRESS <u>Farmington, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>			
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				<u>4200</u>	

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) m.			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 Sept 12, 1953, to Nov 4, 1953, that I last saw the deceased alive on Sept 12, 1953, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Conleton M.D.</u>		23b. ADDRESS <u>Farmington Mo</u>		23c. DATE SIGNED <u>Nov 6, 53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 6, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chestnut Ridge</u>	
				24d. LOCATION (City, town, or county) (State) <u>Rfd. 3 Farmington, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Nov. 6, 1953</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozean Funeral Home Farmington, Mo.</u>	
				ADDRESS	

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

DEC 7 1954

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 408

P. O. Address Farming

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.