

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 12 1954
BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 1

1080

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

1. PLACE OF DEATH a. COUNTY <u>Bernard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Bernard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> 1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp # 3</u>		d. STREET ADDRESS (If rural, give location) <u>203 No. Ash</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Warfield</u> b. (Middle) <u>Scott</u> c. (Last) <u>McGuire</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1-1954</u>
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5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 22, 1889</u>	9. AGE (In years last birthday) <u>64</u> Months <u>10</u> Days <u>10</u>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>David T. McGuire</u>	13b. MOTHER'S MAIDEN NAME <u>Nettie A. Finley</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Mae McGuire</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hosp Records</u> ADDRESS <u>Nevada</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Myocardial degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs +</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. <u>Branchiectasis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</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) (Min.)	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 1-25, 1952, to 1-1, 1954, that I last saw the deceased alive on 1-1, 1954, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. D. Shroat M.D.</u>	23b. ADDRESS <u>Nevada</u>	23c. DATE SIGNED <u>1-1-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>January 4, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-4-1954</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u> ADDRESS <u>Nevada, Mo</u>
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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 _____

L. Ingles Ferry

Student Embalmer No. 790

working under my personal supervision.

Student

L. Ingles Ferry
Student Embalmer

Signed

L. Ingles Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada, Missouri

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.