

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

7800

State File No. ....

**FILED APR 12 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 370

2

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Duchanan</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St Joseph</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>	
c. LENGTH OF STAY (in this place) <u>76.5-18 days</u>		d. STREET ADDRESS (If rural, give location) <u>not given</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>		u. 25-1 1	
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
a. (First) <u>James</u>			(Month) (Day) (Year) <u>April 9, 1954</u>
b. (Middle)			
c. (Last) <u>McGuire</u>			
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>never married</u>	<b>8. DATE OF BIRTH</b>
			<u>June 30, 1901</u>
<b>9. AGE</b> (In years last birthday) <u>52</u>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Barroom</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Cameron, Mo.</u>
			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>James H. McGuire</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Nellie Gaymer</u>	
		<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	
		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs James Potts Cameron, Mo</u>	
		<b>ADDRESS</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) <u>arterio sclerosis</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
III. OTHER SIGNIFICANT CONDITIONS		<u>Schizophrenia Paranoid Type</u>	
Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b>
	<u>4221</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from Jan 1, 1953, to April 9, 1954, that I last saw the deceased alive on April 8, 1954, and that death occurred at 3<sup>45</sup> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Forrest Thomas M.D.</u>		<b>23b. ADDRESS</b> <u>St Josephs No 9 State Hospital No 2</u>	
		<b>23c. DATE SIGNED</b> <u>4-9-54</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>4-9-54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Cameron</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Cameron Mo</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>Apr 9, 1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Kathleen M. Allison</u>	<b>435-0</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Poland Funeral Home, Cameron Mo</u>
			<b>ADDRESS</b>

1221 81 1191 1113

**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 Bob F. Poland

Licensed Embalmer No. 4777

P. O. Address Camden 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.