

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9248

BIRTH NO. FILED MAR 24 1954 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		<u>0542</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Washington St.</u>			d. STREET ADDRESS (If rural, give location) <u>22nd & Washington St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Julian</u> c. (Last) <u>Guillon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 4, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 6, 1886</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian, Lexington Post Office</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Osage City, Kansas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Peter Guillon</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Mallott</u>	14. NAME OF HUSBAND OR WIFE <u>Flossie May Arnold</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Flossie May Guillon, Lexington Mo.</u> ADDRESS			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial Degeneration</u> <u>metastatic</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of lungs - with metastatic</u> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>4 Weeks</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 (a.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<u>163X</u>	
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			
22. I hereby certify that I attended the deceased from <u>October, 1953</u> to <u>February 4, 1954</u> , that I last saw the deceased alive on <u>February 4, 1954</u> , and that death occurred at <u>9:00 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. J. C. Betham M.D.</u>		(Degree or title)	23b. ADDRESS <u>Dr. J. C. Betham, P.O. 2, Lexington, Mo.</u>		23c. DATE SIGNED <u>Feb. 1954</u>
24a. BURIAL / CREMATION / REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>February 7, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>2-12-54</u>	REGISTRAR'S SIGNATURE <u>Wm. E. Eastabrook</u>	FURNERAL DIRECTOR'S SIGNATURE <u>Forest T. Leavelle</u>	ADDRESS <u>Lexington, Missouri</u>		

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

2000 700

JAN 24 1956

JAN 25 1956

JAN 23 1956

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 _____

Geo. McKeon

Licensed Embalmer No. 2983

P. O. Address Leungton, 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.