

FILED APR 29 1954

STANDARD CERTIFICATE OF DEATH

State File No. **11573**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **5303** Registrar's No. **120**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elston, Mo.		c. CITY OR TOWN Elston	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 6 Yrs		e. STREET ADDRESS (If rural, give location) 026th	
d. FULL NAME OF HOSPITAL OR INSTITUTION (Jefferson Township)		Jefferson Township	

3. NAME OF DECEASED (Type or Print) ROBERT BEVELY GUYER	a. (First) ROBERT b. (Middle) BEVELY c. (Last) GUYER	4. DATE OF DEATH (Month) (Day) (Year) APRIL 21, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 16, 1882	9. AGE (In years last birthday) 71	10. MONTHS 7	11. DAYS 5	12. HOURS 	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Clarksburg, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Guyer	13b. MOTHER'S MAIDEN NAME Roan Baise	14. NAME OF HUSBAND OR WIFE Anna Toebben
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 490-09-8372	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Toebben Guyer ADDRESS Elston, Mo.
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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 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		5 year
	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 331 X	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 **April 18, 1954**, to **April 21, 1954**, that I last saw the deceased alive on **April 20, 1954**, and that death occurred at **1:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Kerrison Latham M.D. (Degree or title)	23b. ADDRESS California, Mo	23c. DATE SIGNED 4-22-54
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/24/54	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo
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DATE REC'D BY LOCAL REG. April 26-1954	REGISTRAR'S SIGNATURE R.P. Derris MD-72R	25. FUNERAL DIRECTOR'S SIGNATURE L. J. ... ADDRESS ... C, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

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..... *Sylvester Dull*

Licensed Embalmer No. *438*

P. O. Address *Jefferson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.