

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26219

State File No.

FILED ^{aug} JAN 30 1954

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5072 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Newport Twsp.		c. LENGTH OF STAY (In this place) 5 wks	c. CITY OR TOWN Eudora
d. FULL NAME OF HOSPITAL OR INSTITUTION Lamar R#3		f. STREET ADDRESS (If rural, give location) Rural Route N.E. of Eudora	

3. NAME OF DECEASED (Type or Print) GUY	a. (First) W.	b. (Middle) VOTE	c. (Last) VOTE	4. DATE OF DEATH (Month) (Day) (Year) Aug 22 1954
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27 1871	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 3	IF UNDER 1 YEAR Days 25	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ohio	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME John Vote	13b. MOTHER'S MAIDEN NAME Eleanor	14. NAME OF HUSBAND OR WIFE Sina Johnson Vote
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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) XX	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. David Walser, Lamar, Mo. R#3	ADDRESS
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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 2 days yes.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis 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"/>
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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) m.	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 May 17, 1954, to Aug 22, 1954, that I last saw the deceased alive on Aug 21, 1954, and that death occurred at 10:15p.m., from the causes and on the date stated above.

23a. SIGNATURE Ben T. Bidel M.D.	(Degree or title)	23b. ADDRESS Lamar, Missouri	23c. DATE SIGNED 8/23/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery, Polk County, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. AUG 24 1954	REGISTRAR'S SIGNATURE Marie Kanary 14-0	25. FUNERAL DIRECTOR'S SIGNATURE Erwin- Blue Funeral Home, Bolivar, Mo.	ADDRESS
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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..... *Norman L. Thompson*

Licensed Embalmer No. 4816

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