

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

41832

BIRTH NO. _____		REG. DIST. NO. <u>251</u>	PRIMARY REG. DIST. NO. <u>3048</u>	Registrar's No. <u>34</u>
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. CITY OR TOWN <u>Maryville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>12 days</u>		f. STREET ADDRESS (If rural, give location) <u>503 West Third</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		g. ADDRESS <u>0742</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) _____	c. (Last) <u>GUTCH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 20 54</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>5/5/68</u>	9. AGE (In years last birthday) <u>86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Moline Plow Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Blakesburg, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Dr. William Gutch</u>		13b. MOTHER'S MAIDEN NAME <u>Cornelia Terrel</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Zimmerman Gutch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. James Gutch, Maryville, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Antecedent causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post operative hemorrhage</u> DUE TO (c) <u>Prostatic hypertrophy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis of aorta</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs</u> <u>9 hrs</u> <u>2</u> <u>2</u>
19a. DATE OF OPERATION <u>12/20/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prostatic hypertrophy severe</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		
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 _____, 19____, to <u>Dec. 20, 1954</u> , that I last saw the deceased alive on <u>Dec. 20, 1954</u> , and that death occurred at <u>3:35P m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Maryville, Missouri</u>	23c. DATE SIGNED <u>12/23/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12/23/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Maryville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-31-54</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>		

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

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JAN 6

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 *Curtis C. Kinsey*.....

Licensed Embalmer No. *493*.....

P. O. Address *Marysville*.....

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.