

FILED FEB 9 1955

STANDARD CERTIFICATE OF DEATH

State File No.

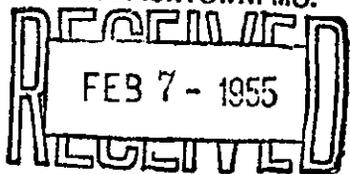
BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5744 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>MADISON</u> 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - CALTAR TOWNSHIP</u>		c. LENGTH OF STAY (in this place) <u>5 YRS</u>		c. CITY OR TOWN <u>06200</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 MI. S.E. of FREDERICKTOWN</u>				e. STREET ADDRESS (If rural, give location) <u>10 MI. S.E. of FREDERICKTOWN</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEVI</u>			b. (Middle) <u>CALVIN</u>		c. (Last) <u>GUINN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 2, 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>WIDOWER</u>		8. DATE OF BIRTH <u>AUG. 25, 1870</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MO. PAC. R.R. CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GRAYS COUNTY KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>LEVI GUINN</u>		13b. MOTHER'S MAIDEN NAME <u>ANGELINE ALUP</u>		14. NAME OF HUSBAND OR WIFE <u>MARY AGNES (DECEASED)</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NINE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. BENTHAM - CORNWALL, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic hypoadrenalitis</u>	ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Arteriosclerosis Hypertension</u>							
	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 <u>443X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, that I last saw the deceased alive on <u>March 19, 1954</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Maura Grooman</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Fredricks town</u>		23c. DATE SIGNED <u>2/3/55</u>		
24a. BURIAL CREMATION REMOVAL (specify) <u>BURIAL</u>	24b. DATE <u>2/4/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SNOWDENVILLE CEM</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>				
DATE REC'D BY LOCAL REG. <u>2-2-1955</u>	REGISTRAR'S SIGNATURE <u>Lourence Hicks</u>		187		25. COUNTY DIRECTOR'S SIGNATURE <u>Lourence Hicks</u>		ADDRESS <u>FREDERICKTOWN, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 223-3

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 *Raymond Wilson*.....

Licensed Embalmer No. 488

P. O. Address *Fredericktown*

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.