

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28862**

FILED SEP 20 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4016 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Tarkio</b>		c. CITY OR TOWN <b>Tarkio</b>	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) <b>74 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>00360</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Reberry Nursing Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>BELTY</b>	b. (Middle) <b>DAVID</b>	c. (Last) <b>GUTHRIE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 24, 1955</b>
-------------------------------------	----------------------------	-----------------------------	-----------------------------	---

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Dec 10, 1870</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>84   8   14    </b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>day labor</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Rock Port, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>				

13a. FATHER'S NAME <b>Wm. B. Guthrie</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Ann Guthrie</b>	14. NAME OF HUSBAND OR WIFE <b>single</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W.I.</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Russell Smith</b>	ADDRESS <b>Tarkio, Mo.</b>
---	--	--	-------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute hemorrhage from esophageal varicosis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cirrhosis of the liver</b>		
	DUE TO (c) <b>Chronic generalized arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>5810</b>			

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 (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) (Min.)	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 8/23/50, 1950, to 8/24/55, 1955, that I last saw the deceased alive on 8/23/50, 1950, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Col. Wiedemeier M.D.</b>	23b. ADDRESS <b>Tarkio, Missouri</b>	23c. DATE SIGNED <b>8/25/55</b>
---	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>8/26/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Home Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Tarkio, Missouri</b>
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <b>9/14/1955</b>	REGISTRAR'S SIGNATURE <b>Maurice S. Seifert</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Davis Funeral Home</b>	ADDRESS <b>Tarkio, Mo.</b>
--	--	---	-------------------------------

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

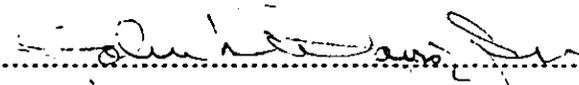
---

---

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.....  


Licensed Embalmer No. 11869

P. O. Address Tarkio, 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.