

FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32271  
State File No. ....

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1123	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (In this place) <u>4 Days</u>		c. CITY OR TOWN <u>Sauvannah</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>203 N 3rd Street</u>			
3. NAME OF DECEASED (Type or Print) <u>Herschel Clay Guinn</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 30, 1873</u>	
9. AGE (In years last birthday) <u>81</u>		10. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroading</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rosendale, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James F Guinn</u>		13b. MOTHER'S MAIDEN NAME <u>Mary S. Cristie</u>		14. NAME OF HUSBAND OR WIFE <u>None</u> <u>CARRIE INNIS GUINN</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 Tillie McCord, Topoka, Kans</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular</u> ANTECEDENT CAUSES DUE TO (b) <u>Accident</u> DUE TO (c) <u>3.31X</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Generalized R.S.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 Days</u> <u>70 yrs</u>	
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) _____		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 <u>Oct 17, 1955</u> , to <u>Oct 22, 1955</u> , that I last saw the deceased alive on <u>10-21, 1955</u> , and that death occurred at <u>3:05 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Warren E. Baker, M.D.</u>				23b. ADDRESS <u>Sauvannah, Mo.</u>		23c. DATE SIGNED <u>10-24-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lower Nealey Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Andrew, Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 24, 1955</u>		REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u> 485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. M. A. Ruch, Sauvannah, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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 *Wm A Rich*.....

Licensed Embalmer No. *47*.....

P. O. Address *Savannah*.....

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.