

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No.

34048

FILED NOV 10 1955

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 334

1. PLACE OF DEATH a. COUNTY <u>Marion</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Annibal</u> c. LENGTH OF STAY (in this place) <u>DOA</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Elizabeth Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u> c. CITY OR TOWN <u>Marshall</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>R # 4</u> <u>0972</u> <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Franklin</u> b. (Middle) <u>M.</u> c. (Last) <u>McGuire</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 6 - 1955</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>July 26, 1894</u>
9. AGE (In years last birthday) <u>61</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) <u>Slater, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>John P. McGuire</u>		13b. MOTHER'S MAIDEN NAME <u>Jailue Reed</u>	
14. NAME OF HUSBAND OR WIFE <u>Viola McGuire</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW No I</u>	
16. SOCIAL SECURITY NO. <u>WW No I</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms Viola McGuire Marshall, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES (b) <u>Coronary Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>few hours</u> <u>unknown</u>	
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) m.	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 _____, 19____, and that death occurred at <u>10:00A</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>Henry H. Sweets Jr</u>		23b. ADDRESS <u>1506 Market St. Hannibal Mo</u>	23c. DATE SIGNED <u>11/6/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-9-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marshall Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-7-55</u>	REGISTRAR'S SIGNATURE <u>Dr. M. L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>... Hannibal, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

COPY UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
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RECEIVED NOV 9 1955
MARION CO. HEALTH DEPT.
DATE FILED NOV 9 1955

JAN 30 1956

NOV 18 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... .....

Licensed Embalmer No.....4

P. O. Address....Hanniba

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.