

STANDARD CERTIFICATE OF DEATH

State File No. **35881**

FILED NOV 30 1955

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY <u>Audrain.</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico, Missouri.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Monroe.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Santa Fe, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>12 MO.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Allen Nursing Home.</u>		d. STREET ADDRESS (If rural, give location) <u>2690</u>	

3. NAME OF DECEASED a. (First) <u>Ida</u> b. (Middle) _____ c. (Last) <u>McGutchan.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 14, 1955.</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 24, 1870</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>20</u>	IF UNDER 18 YRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe Co., MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>C. E. Norman</u>	13b. MOTHER'S MAIDEN NAME <u>Emerine Lyon</u>	14. NAME OF HUSBAND OR WIFE <u>David McGutchan.</u>
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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 Chas Poage Perry, MO.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crown Aneurysm</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease 5 yrs</u> DUE TO (c) <u>Diagnosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>5 yrs</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asphyxia</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

22. I hereby certify that I attended the deceased from 6-2, 1955 to 11-14, 1955 that I last saw the deceased alive on 11-9, 1955 and that death occurred at 8:30 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Mexico, Missouri</u>	23c. DATE SIGNED <u>11-16-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-16-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Southfork Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Monroe Co., MO.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 16 1955</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde W. Perry, MO.</u>
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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
Student Embalmer

Signed Clyde C. Wiley

Licensed Embalmer No. 3820

P. O. Address Perry, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.