

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2257**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **91**

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) SEDALIA		c. CITY OR TOWN SEDALIA	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) 15 hrs		STREET ADDRESS (If rural, give location) 1604 S. Lamine	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION WOODLAND HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) EFFIE	b. (Middle) AUGUSTA	c. (Last) GUYMON	4. DATE OF DEATH (Month) (Day) (Year) Jan 27, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 11, 1895	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Saline, County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ed Mullineaux	13b. MOTHER'S MAIDEN NAME Sallie E. Stevenson	14. NAME OF HUSBAND OR WIFE Lyman L. Guymon
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Oliver, Thomas, Sedalia, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331x	

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) **
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 **Dec 6**, 19**55**, to **Jan 27**, 19**56**, that I last saw the deceased alive on **Jan 27**, 19**56**, and that death occurred at **2:30A** m., from the causes and on the date stated above.

23a. SIGNATURE Glenn A. Walker D.O.	(Degree or title) D.O.	23b. ADDRESS Sedalia, Missouri	23c. DATE SIGNED 28 Jan 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/30/56	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery Sedalia, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 1-20-56	REGISTRAR'S SIGNATURE Thomas Grant Spatz	25. FUNERAL DIRECTOR'S SIGNATURE Thane Curran	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNEADING 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 *R. E. Baker*

Licensed Embalmer No. *241*.....
P. O. Address *Sedalia*.....

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.