

STANDARD CERTIFICATE OF DEATH

State File No. **5614**

FILED FEB 20 1956

BIRTH NO. _____ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **4318** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) Vienna		c. CITY OR TOWN Vienna	d. Is 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 None		STREET ADDRESS (If rural, give location) 06220	

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth	b. (Middle) Inez	c. (Last) Guerre	4. DATE OF DEATH (Month) (Day) (Year) Jan 20 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 20 1867
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months 2 Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Phelps Co, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Darius Westlake	13b. MOTHER'S MAIDEN NAME Mary E. Chambers	14. NAME OF HUSBAND OR WIFE Julius Guerre
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 ADDRESS Mrs C.C. Kinkeade, St. James, Mo.

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 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic hypoxemia ✓ ANTECEDENT CAUSES Myocardial degeneration Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) about 5 years DUE TO (c) Anemia	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	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 **4-14 / 1955**, to **Jan 20, 1956**, that I last saw the deceased alive on **8-10 / 1955**, and that death occurred at **7:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE C.V. Hambley, M.D.	(Degree or title)	23b. ADDRESS St. James, Mo	23c. DATE SIGNED 2-9-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 23 56	24c. NAME OF CEMETERY OR CREMATORY Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) Lebanon, Missouri
DATE REC'D BY LOCAL REG. 2-13-56	REGISTRAR'S SIGNATURE Pauline Howard	1887 Jesse Jahn	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS St. James, Mo

(Licensed Embalmer's 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 *C. James Gale*.....

Licensed Embalmer No. 4486

P. O. Address St. James, 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.