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FILED JUL 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19635

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 742

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>Buchanan</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>28 yrs.</u>	c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital, or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Methodist Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1603 Angelique Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Warren</u> b. (Middle) <u>Lemuel</u> c. (Last) <u>Guiden</u>	4. DATE OF DEATH <u>July 5, 1956</u> (Month) (Day) (Year)					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 13, 1910</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Conway, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Fred Guiden</u>	13b. MOTHER'S MAIDEN NAME <u>Mildred Brame</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Sabron Guiden</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>491-10-1181</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sabron Guiden, 1603 Angelique St. Joseph, MO 64505</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Gun shot wounds</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wounds</u>	DUE TO (b) <u>in the abdomen</u>		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>	DUE TO (c) <u>internal hemorrhage</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>and shock</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Lacerated Liver, and Punctured Intestines</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph, Buchanan, Missouri</u>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>July 5, 1956 1:05</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>32 Caliber bullet wounds</u>

22. I hereby certify that I ~~viewed~~ ^{viewed} the deceased ~~on~~ ^{on} July 5, 1956, to 2:04 a. m., 1956, that I last saw the deceased alive on July 5, 1956, and that death occurred at 2:04 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. F. Munday, Coronary MD</u> (Degree or title)	23b. ADDRESS <u>St. Joseph, Missouri</u>	23c. DATE SIGNED <u>July 5, 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 7, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>July 11, 1956</u>	REGISTRAR'S SIGNATURE <u>Ernest M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Alexander</u>	ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

85

JUN 17 1956

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. H. Alexander

Licensed Embalmer No. *445*

P. O. Address *St. Joseph*

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.