

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22656
STATE FILE NUMBER

FILED AUG 15 1956

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 241

1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Advance 1030</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>K.O.H.</u>			Length of stay in 1b <u>56 days</u>		d. STREET ADDRESS (If outside, give location) <u>Rural</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Ruben</u> Middle <u>Lovelace</u> Last <u>Guy</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>13</u> Year <u>1956</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 12, 1868</u>		9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George L. Guy</u>				14. MOTHER'S MAIDEN NAME <u>Jones</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Geo C. Guy - Gorin, Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]								INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary failure</u>								<u>12 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								DUE TO (b) <u>central thrombosis</u>	
								DUE TO (c) <u>central arteriosclerosis unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour <u>9:30</u> Month <u>Aug</u> Day <u>13</u> Year <u>1956</u> a.m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>June 17 1956</u> to <u>Aug 13 1956</u> and last saw her alive on <u>Aug 13 1956</u> Death occurred at <u>9:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>W. H. Hutenshain D.O.</u>				22b. ADDRESS <u>Kirksville, Mo</u>				22c. DATE SIGNED <u>Aug 13 1956</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>8-15-1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cause Cem.</u>			23d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Mo.</u>		
24. FUNERAL DIRECTOR <u>Davis & Davis</u>			ADDRESS <u>Kirksville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8-13-56</u>		26. REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

REC 13 1957

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 *Robert B. James*

Licensed Embalmer No. *421*
P. O. Address *Kirkville*

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.