

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31717

STATE FILE NUMBER

FILED SEP 18 1956

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 64

Health, Welfare & Public Service

300
1-56

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

1. PLACE OF DEATH a. COUNTY Putnam			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last George Andrew Guymon			4. DATE OF DEATH Month Day Year Sept 8 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 2 1866		9. AGE (In years last birthday) 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural Mail Carrier Ret.		10b. KIND OF BUSINESS OR INDUSTRY U. S. Government	11. BIRTHPLACE (City and state or country) Mercer County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel Guymon			14. MOTHER'S MAIDEN NAME Sarah Ewing		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs Estella Carter Unionville, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure DUE TO (b) arterio-sclerosis & hypertension DUE TO (c) Chronic myocarditis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Senile debility					INTERVAL BETWEEN ONSET AND DEATH 3 days years years
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 Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <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 CITY TOWN, OR LOCATION STATE	
21. I attended the deceased from Sept 1-56 to Sept 8-56 and last saw her alive on Sept 8-56 Death occurred at 9:29 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Sign or title) Phas L Judd Do			22b. ADDRESS 2 Unionville, Mo.		22c. DATE SIGNED 9-8-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 10 1956	23c. NAME OF CEMETERY OR CREMATORY Sprigg Cemetery		23d. LOCATION (City, town, or county) (State) Putnam County, Missouri
24. FUNERAL DIRECTOR Comstock Funeral Home J. W. Comstock		25. DATE RECD. BY LOCAL REG. Unionville, Mo. 9-15-1956		26. REGISTRAR'S SIGNATURE Marcell Durbin	

(Licensed Embalmer's Statement on Reverse Side)

5581
1952

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.....
James W. Comstock

Licensed Embalmer No. *412*

P. O. Address *Unionville*

**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.**