

STANDARD CERTIFICATE OF DEATH

No. 300
10-48

FILED NOV 13 1956

State File No. **34660**

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

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 5666		Registrar's No. 87	
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Lewis		a. STATE Missouri		b. COUNTY Lewis			
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Union tsp.		c. CITY OR TOWN LaGrange		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 H'way 61 2 mi so. LaGrange				e. STREET ADDRESS (If rural, give location) No street address			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Charles	b. (Middle) Edward	c. (Last) Guess	Month November	Day 3	Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 10, 1945	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bucket operator		10b. KIND OF BUSINESS OR INDUSTRY Gravel pit		11. BIRTHPLACE (City and State or Foreign Country) Bluff City, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Winston Guess		13b. MOTHER'S MAIDEN NAME Sophia Mc Clure		14. NAME OF HUSBAND OR WIFE Mary Kathryn Guess			
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. 414 24 9551		17. INFORMANT'S SIGNATURE OR NAME Jack Dillon			
				ADDRESS LaGrange, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest							Instant
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS			
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				20. AUTOPSY?	
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 61		21c. (CITY, TOWN, OR TOWNSHIP) LaGrange		(COUNTY) Lewis	
21d. TIME OF INJURY Nov. 3, 1956 7 P. M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car Collision			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i>				23b. ADDRESS <i>[Address]</i>		23c. DATE SIGNED Nov. 7-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 7, 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial		24d. LOCATION (City, town, or county) LaGrange, Mo.		
DATE REC'D BY LOCAL REG. 11-8-56		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>			
				ADDRESS <i>[Address]</i>			

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FBI

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.....
Licensed Embalmer No. 404

P. O. Address Le Grange

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.