

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

252226

FILED AUG 13 1957

564 STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		c. CITY OR TOWN Lexington	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri River		d. STREET (If outside, give location) 1 mile south on 13 Hwy	
3. NAME OF DECEASED (Type or print) First Middle Last Solomon Guillou		4. DATE OF DEATH Month Day Year July 18 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 12, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Queslesquin, France
13. FATHER'S NAME Francois M. Guillou		14. MOTHER'S MAIDEN NAME Marie Jeanne Dinabet	
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 Frank J. Guillou, Lexington, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Duress by Drowning DUE TO (b) This man attempted to light his gas water heater at his home. An explosion resulted & he was burned about the neck and arms & hands. He was burned and drove to the middle of the main street & jumped into the Missouri River. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (ENTER IN PART IV) none			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter names of streets in Part IV or Part II of item 18.) at the intersection of 13th and Main St. Lexington Mo. 975X	
20c. TIME OF INJURY Hour Month, Day, Year 8:30 p. m. July 18 - 57		20d. PLACE OF INJURY (e. g., in or about home, in factory, street, office bldg., etc.) his home	
21. I attended the deceased from death to death on July 19-1957 and saw him alive on never		21. CITY, TOWN, OR LOCATION Lexington Lafayette Mo	
22a. SIGNATURE (Degree or title) W. J. Martin M.D.		22b. ADDRESS Q. de la M.	
22c. DATE SIGNED 7-19-57		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 22, 1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Lexington, Missouri
24. FUNERAL DIRECTOR James H. ...		25. DATE RECD. BY LOCAL REG. 7-28-57	26. REGISTRAR'S SIGNATURE ...

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

NOV 1 1951

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. 29

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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..