

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26159
State File No. 6360

| | | | | | | | | |
|---|--|---|----------------------------------|--|--------------------|--|---------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. <u>6360</u> | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____ | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>ST. LOUIS</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF (If in hospital, street address or location) HOSPITAL OR INSTITUTION <u>38 945 N. COMPTON HOSPITAL</u> | | | | e. STREET ADDRESS (If rural, give location) <u>1104240 E. ST. LOUIS AVE</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) _____ c. (Last) <u>GUYTON</u> | | | 4. DATE OF DEATH <u>7-4-1957</u> | | 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>Colored</u> | |
| 7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>JULY 18, 1912</u> | | 9. AGE (In years last birthday) <u>44 YR 1</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MOULDER</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTH PLACE (City and State or Foreign Country) <u>FORDyce ARKANSAS U.S.A</u> | | 12. CITIZEN OF WHAT COUNTRY _____ | | |
| 13a. FATHER'S NAME <u>PAUL GUYTON</u> | | 13b. MOTHER'S MAIDEN NAME <u>JENNIE REYNOLDS</u> | | 14. NAME OF HUSBAND/ OR WIFE <u>MRS Freddie Mae Guyton</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Freddie Mae Guyton 4240 Lakeside</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>434.1</u> | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | |
| 21a. ACCIDENT - SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19 <u>57</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, _____, _____, from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Paul M. Smith</u> | | | | 23b. ADDRESS <u>1300 Clark</u> | | 23c. DATE SIGNED <u>7/5/57</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>7-8-57</u> | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) <u>LITTLE ROCK ARK</u> | | |
| DATE REC'D BY LOCAL REG. <u>JUN 9 57</u> | | REGISTRAR'S SIGNATURE <u>Paul M. Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MO. F. WALTON 2707 Stoddard</u> | | | | |

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

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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 *W. Claude Gordon*.....

Licensed Embalmer No. *3489*

P. O. Address *4575 al*.....

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.