

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

27154

State File No. \_\_\_\_\_

FILED JUL 19 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 115

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Scott</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>13 Days</u>	c. CITY OR TOWN <u>Oran</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>General Delivery</u>		
<b>3. NAME OF DECEASED</b> a. (First) <u>Nettie</u> b. (Middle) <u>L.</u> c. (Last) <u>Guy</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>6 29 57</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>9-13-1878</u>	
<b>9. AGE</b> (In years last birthday) <u>78</u>		# UNDER 1 YEAR Months _____ Days _____	# UNDER 2 MRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Cotton Plant, Arkansas</u>		
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>USA</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		
<b>13a. FATHER'S NAME</b> <u>Willis Reeves</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Smith</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>W. E. Guy (dec.)</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>—</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Irma L. Holcombe</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Change to Heart Failure</u>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Heart Disease</u>			
	DUE TO (c) _____			
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>4200</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>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 11:35a.m., from the causes and on the date stated above.</b>				
<b>23a. SIGNATURE</b> (Degree or title) <u>Andrew B. Smith M.D.</u>		<b>23b. ADDRESS</b> <u>Sikeston Mo</u>		<b>23c. DATE SIGNED</b> <u>7-9-57</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>REMOVAL</u>	<b>24b. DATE</b> <u>6-30-57</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>JONESBORO</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>JONESBORO ARK</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>7-11-57</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Miss Ella Hunter</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Helal Funeral Home - Sikeston Mo</u>

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DATE RECEIVED JUL 15 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 757-143

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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 Raymond Quins

Licensed Embalmer No. 3467

P. O. Address Si Keeton M

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.