

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29141**

FILED SEP 5 1957

BIRTH NO. _____ REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6075** Registrar's No. **268**

1. PLACE OF DEATH a. COUNTY St Francis, Highway 67		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give town) St. Francois Township	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN Potosi	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) 11th St	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Charles	c. (Last) McGuire	4. DATE OF DEATH (Month) (Day) (Year) 8-20-1957
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-16-1916	9. AGE (In years last birthday) 40	10. MONTH 9	11. HOURS 4	12. MIN. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Lead Smelting	11. BIRTHPLACE (City and State or Foreign Country) Fletcher, Jefferson Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Moen McGuire	13b. MOTHER'S MAIDEN NAME Mary McCulloch	14. NAME OF HUSBAND OR WIFE Nomoi McGuire
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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. 496-19-9770	17. INFORMANT'S SIGNATURE OR NAME Emmett McGuire, Potosi, Mo.	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronal Jury Verdict: as the result of drunken driving of Josephine Yeager 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 816.4 216	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Francis, Wash. St. Francois, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 20, 1957	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? injuries received in collision of two automobiles
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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 Paul J. Miller	(Degree or title) Coroner	23b. ADDRESS Farmington, Mo.	23c. DATE SIGNED 8/28/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-23-57	24c. NAME OF CEMETERY OR CREMATORY Colored Cemetery	24d. LOCATION (City, town, or county) (State) Potosi, Missouri
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DATE REC'D BY LOCAL REG. 8/28/57	REGISTRAR'S SIGNATURE Ethel Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Smith Funeral Home, Potosi, Mo.	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 16 1957

JUL 24 1958

Received

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 E. H. Boyer

Licensed Embalmer No. 4151

P. O. Address Potosi

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.