

FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44143

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 23

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Bethany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bethany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home 124 So. 12th St</u>			Length of stay in lb <u>50 yr.</u>		d. STREET ADDRESS (If outside, give location) <u>124 S 12th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Elizabeth</u> Middle <u>J</u> Last <u>Guyman</u>				4. DATE OF DEATH Month <u>12</u> Day <u>17</u> Year <u>1957</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>1-22-1884</u>		9. AGE (In years as of birthday) <u>73</u>		F UNDER 1 YEAR Months <u>10</u> Days <u>25</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>Harrison County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13a. FATHER'S NAME <u>James Slatten</u>				13b. MOTHER'S MAIDEN NAME <u>Rozettie Bartlett</u>				14. NAME OF HUSBAND OR WIFE <u>Alva Burton Guyman</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-40-6725</u>		17. INFORMANT <u>Victor Guyman</u>				Address <u>Bethany Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion of mi</u>										INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u></u>		DUE TO (c) <u></u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>										
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>													
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>			20f. CITY, TOWN, OR LOCATION <u>Bethany Mo</u>			COUNTY <u></u> STATE <u></u>				
21. I attended the deceased from <u>1946 to Dec 17, 1957</u> and last saw her alive on <u>Dec 17, 1957</u> Death occurred at <u>Dec 17, 1957</u> <u>8 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (In full name) <u>Miriam Slatten</u>						22b. ADDRESS <u>Bethany Mo</u>			22c. DATE SIGNED <u>12/21/57</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-19-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>			23d. LOCATION (City, town, or county) (State) <u>Bethany Mo</u>						
24. FUNERAL DIRECTOR <u>Mr Haas</u>				ADDRESS <u>Bethany Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-21-1957</u>		26. REGISTRAR'S SIGNATURE <u>Zella Maxey</u>					

securing the medical certification in the specific manner required by 193.140 MoRS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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MAR 13 1958

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 *M. S. Haas*

Licensed Embalmer No. *3899*

P. O. Address *Bethany, Mo.*

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.