

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44773**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **605**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Cherokee</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Sheridan township</b>	
c. LENGTH OF STAY (In this place) <b>4 das.</b>		d. STREET ADDRESS (If rural, give location) <b>Route 3, Columbus</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hos pital</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>James</b>	b. (Middle) <b>David</b>	c. (Last) <b>Guy</b>	(Month) <b>Dec.</b>	(Day) <b>8</b>	(Year) <b>1957</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 18, 1901</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months <b>56</b>	IF UNDER 24 HRS. Days <b>56</b>	IF UNDER 10 HRS. Hours <b>56</b>	IF UNDER 15 MIN. Min. <b>56</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (State or foreign country) <b>Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>James D. Guy, sr</b>	13b. MOTHER'S MAIDEN NAME <b>Rebecca Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Etta Smith</b>
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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)	16. SOCIAL SECURITY NO. <b>513-16-2004</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Etta Guy - Columbus, Ks. Rt. 3</b>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hodgkins Lymphoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 <b>20.1.x</b>	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1956**, to **Dec 8 1957**, that I last saw the deceased alive on **Dec 8, 1957**, and that death occurred at **3:40 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M. F. Hall MD</b>	(Degree or title)	23b. ADDRESS <b>FRL Bldg Joplin Mo</b>	23c. DATE SIGNED <b>12-16-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-11-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Columbus Kansas</b>
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DATE REC'D BY LOCAL REG. <b>12-18-57</b>	REGISTRAR'S SIGNATURE <b>Noel Merriam</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lyle D. Murdock</b>	ADDRESS <b>Columbus, Ks.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

526  
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RECEIVED  
DEC 26 1957  
Jasper County Health Office  
County File Number 57-12-1064  
Date Filed DEC 26 1957

DEC 3 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.....

.....  
working under my personal supervision.

..... Student Embalmer No. ....

Signed Jack Barber .....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4938 .....

P. O. Address Jasper .....

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 this body is not embalmed, fact should be so stated above.