

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11632-58

2980

State File No.

776

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryland Heights</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>27 Route 1, Box 529</u> <u>H 1000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>14 JEWISH Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>GUTHRIE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-7-58</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1-7-58</u> ✓
9. AGE (In years last birthday) <u>2</u> <input type="checkbox"/> UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Billy Joe Guthrie</u>		13b. MOTHER'S MAIDEN NAME <u>Lois Maxine Haggard</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Billy Joe Guthrie, Rt. 1, Box 529</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS <u>MARYLAND HEIGHTS, MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anencephaly</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity 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.		<u>750x</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) (m.)		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 1-7, 1958, to 1-7, 1958, that I last saw the deceased alive on 1-7, 1958, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Michelle Yanner MD</u>		23b. ADDRESS <u>2560 Woodson Overland</u>		23c. DATE SIGNED <u>2-9-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-31-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>JAN 22 '58</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD Rowland-Alex</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>4404 Manchester</u>	
				ADDRESS	

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

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.