

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008631  
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 379 Primary Registration District No. 4352 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Wright			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mountain Grove		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mountain Grove 1141		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		Length of stay in 1b 12	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LIZZIE GUYNN			4. DATE OF DEATH Month Day Year January 22, 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min. 0 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Clinton, Tennessee		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Marion Francis Edmundson		13b. MOTHER'S MAIDEN NAME Elizabeth Smith		14. NAME OF HUSBAND OR WIFE George W. Guynn	
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.		17. INFORMANT Address Marion F. Guynn, West Plains, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremic Poisoning DUE TO (b) Chronic Nephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)					INTERVAL BETWEEN ONSET AND DEATH 3 Days 4 Mo.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct 3, 1957 to Jan 21, 1958 or last saw her alive on Jan 21, 1958 Death occurred at 3101 A on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. C. Craig (Degree or title)			22b. ADDRESS D. O. Mountain Grove Mo		22c. DATE SIGNED 1-30-58
23a. BURIAL, CREMATION, REINTERMENT (Specify)		23b. DATE Jan. 25, 1958	23c. NAME OF CEMETERY OR CREMATORY Number One Cemetery		23d. LOCATION (City, town, or county) (State) Huggins, Mo.
24. FUNERAL DIRECTOR Rev. Bob Mtz. Hwy		ADDRESS	25. DATE RECD. BY LOCAL REG. 2-4-58	26. REGISTRAR'S SIGNATURE A. E. Amos	

health, Welfare public service  
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 All diseases in Part I must be causally related.  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. If improvement in item 18 is necessary, it must be clearly indicated.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

2-15-58  
 HEALTH DEPT.  
 258-19  
 2-21-58  
 Date Filed

**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 *Robb* .....

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, 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.