

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008632  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>mo.</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>mtu Grove</u>		c. CITY OR TOWN <u>mtu Grove</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>Rt #2 in City 1190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED  
(Type or Print) a. (First) FRED b. (Middle) HENRY c. (Last) MCGUIRE 4. DATE OF DEATH (Month) (Day) (Year) Feb 4, 1958

5. SEX Male 6. COLOR OF RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH (Last birthday) Nov 7, 1890 9. AGE (In years) (Months) (Days) (Hours) (Min.) 67 2 37

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Teacher 10b. KIND OF BUSINESS OR INDUSTRY Navy 11. BIRTHPLACE (City and State or Foreign Country) Hordoville, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Frank McGuire 13b. MOTHER'S MAIDEN NAME Virginia Wood 14. NAME OF HUSBAND OR WIFE Lourence McGuire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) Sp. Am. WWII 1947-32-2491A 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Mrs. Lourence McGuire mtu Grove, Mo. ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Thrombosis  
ANTECEDENT CAUSES  
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.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO  2

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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 1-10-, 1954, to 2-4-, 1958, that I last saw the deceased alive on 2-4-, 1958, and that death occurred at 7:42 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. W. L. ... 23b. ADDRESS Mt. Grove Mo. 23c. DATE SIGNED 2-6-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-7-58 24c. NAME OF CEMETERY OR CREMATORY National 24d. LOCATION (City, town, or county) (State) Springfield, Mo.

DATE REC'D BY LOCAL REG. 2-6-58 REGISTRAR'S SIGNATURE A. B. ... 25. GENERAL DIRECTOR'S SIGNATURE Shabb. ... ADDRESS mtu Grove Mo.

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

MAR 4 1958  
MAR 5 1958  
FEB 26 1958

2-16-58  
COUNTY HEALTH DEPT.  
Count File Number 958-21  
Date Filed 2-21-58

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 *Frank Grable*

Licensed Embalmer No. 4140

P. O. Address *John Brown*

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.