

FILED MAR 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008736

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Barton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		Length of stay in 1b 31 yrs	d. STREET (If outside, give location) ADDRESS 800 Parry		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last BENJAMIN GUILFOYLE			4. DATE OF DEATH Month Day Year March 15 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 18 1886		9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter- Retired		10b. KIND OF BUSINESS OR INDUSTRY General Carpentry		11. BIRTHPLACE (City and state or country) Fulton, Kansas	
12. CITIZEN OF WHAT COUNTRY? U. S.			13a. FATHER'S NAME William Guilfoyle		
13b. MOTHER'S MAIDEN NAME Mary Sheat			14. NAME OF HUSBAND OR WIFE Ruby Hunt		
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. 496-05-0707		17. INFORMANT Address Mrs. Ruby Guilfoyle, Lamar, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH Sudden death
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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.)		
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 Lamar, Barton, Mo.	
21. I attended the deceased from 2-9-53 to 3-15-58 and last saw ^{her} him alive on 3-5--58 Death occurred at 5:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. Guldner (Degree or title)			22b. ADDRESS Lamar, Mo.		22c. DATE SIGNED 3-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar 19 1958	23c. NAME OF CEMETERY OR CREMATORY Oakton		23d. LOCATION (City, town, or county) (State) Barton County, Missouri
24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri		ADDRESS		25. DATE RECD. BY LOCAL REG. MAR 18 58	26. REGISTRAR'S SIGNATURE Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must see every All diseases in Part I must be causally related.

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 *Norman L. Thompson*

Licensed Embalmer No. *4816*

P. O. Address *Lamas, 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.