

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017758

STATE FILE NUMBER

Health,
Welfare
Public
Service

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 168

3000
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sullivan Mo. 03610
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis		Length of stay in lb 24 hrs	d. STREET ADDRESS (If outside, give location) 10 N olive St.
3. NAME OF DECEASED (Type or print) First Harry Middle W Last Guthrie			4. DATE OF DEATH Month June Day 2 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 26 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Factory		10b. KIND OF BUSINESS OR INDUSTRY Shoes	9. AGE (In years last b'f day) 70
11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Guthrie		14. MOTHER'S MAIDEN NAME Elizabeth Fitzwater	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 494#01-6120	17. INFORMANT Pearl Guthrie Sullivan 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) <u>Uremia</u> DUE TO (b) <u>Pyelonephritis</u> DUE TO (c) <u>6000</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Cerebral thrombosis - 2 days</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>Weeks</u>
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 WORK <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 <u>Nov 45</u> , <u>1957</u> and last saw her/him alive on <u>June 2-58</u> Death occurred at <u>1:45 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert M. Shaffer M.D.</u>		22b. ADDRESS <u>Sullivan Mo.</u>	22c. DATE SIGNED <u>June 3 58</u>
23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE June 8 1958	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	23d. LOCATION (City, town, or county) (State) Sullivan Mo.
24. FUNERAL DIRECTOR Thos. P Shaffer		ADDRESS Sullivan Mo.	25. DATE RECD. BY LOCAL REG. 6/5/58
			26. REGISTRAR'S SIGNATURE <u>Robert M. Shaffer</u>

(Licensed Embalmer's Statement on Reverse Side)

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..... *Herman [Signature]*

Licensed Embalmer No. *46*

P. O. Address..... *Cuba*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.