Health, Welfare Public Service

800 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021076
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 42 Primary Registration District No. 5132 Registrar's No. 630

1. PLACE OF DEATH a. COUNTY: Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Wayne Township — Inside Limits Yes ☐ No ☑	c. CITY OR TOWN: St. Joseph 0117 — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Missouri River — Length of stay in 1b: 1 day	d. STREET ADDRESS (If outside, give location): 1519-1/2 Jule St. — Reside on Farm Yes ☐ No ☑

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3. NAME OF DECEASED (Type or print) First: LILLIAN	Middle: PEARL	Last: GUTTERIDGE	4. DATE OF DEATH Month: June Day: 13 Year: 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: July 10, 1905
9. AGE (In years last birthday): 52	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mens Alteration	10b. KIND OF BUSINESS OR INDUSTRY: Townsend Wall Co.	11. BIRTHPLACE (City and state or country): Plattsburg Missouri 0	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME: Spencer O'Neale	13b. MOTHER'S MAIDEN NAME: Pearl Strange	14. NAME OF HUSBAND OR WIFE: Frederick J. Gutteridge	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 491-10-4039	17. INFORMANT: Mr. Frederick J. Gutteridge Address: 1519½ Jule St. St. Joseph, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH: uncertain

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):

DUE TO (c): 975X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Psychosis

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☑ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Drowned in Mo river

20c. TIME OF INJURY Hour ~~a.m.~~ p.m. Month, Day, Year 6 13 58

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Mo. river

20f. CITY, TOWN, OR LOCATION: Saint Joseph COUNTY: Buchanan STATE: MO

21. I attended the deceased from brewed body June 13 58 and last saw her alive on

Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S E McGinney MD Coroner 3

22b. ADDRESS: 214 Kirkpatrick St Joseph Mo

22c. DATE SIGNED: June 16 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6-16-58	23c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery	23d. LOCATION (City, town, or county) (State): St. Joseph Missouri
24. FUNERAL DIRECTOR: Stamey Funeral Home NHS	ADDRESS: St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG.: June 16, 1958	26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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JUN 23 1950

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.