

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024241

STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marshall 09120
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Johnson Nursing Home		Length of stay in 1b 5 weeks	d. STREET ADDRESS (If outside, give location) 406 East Arrow St.
3. NAME OF DECEASED (Type or print) First John Middle Henry Last McGuire			4. DATE OF DEATH Month June Day 16th 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 April 3, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Real Estate	9. AGE (In years last birthday) 87
13a. FATHER'S NAME Andrew Jackson McGuire		13b. MOTHER'S MAIDEN NAME America M. Withers	14. NAME OF HUSBAND OR WIFE Lottie Nightwine McGuire
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. 500-16-4994	17. INFORMANT John H. McGuire Jr. Kansas City, 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) Pulmonary embolism - DUE TO (b) arteriosclerotic cardiovascular dis. DUE TO (c) 4221 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -			INTERVAL BETWEEN ONSET AND DEATH
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 Marshall
21. I attended the deceased from Nov. 56. to June 58. and last saw him alive on 6-16-58 Death occurred at 3:45 PM on the 16th date stated above; and to the best of my knowledge, from the causes stated.		COUNTY Saline	STATE Mo.
22a. SIGNATURE Ralph H Jones MD (Degree or title)		22b. ADDRESS Marshall, Mo.	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-18-58	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery
24. FUNERAL DIRECTOR Campbell-Lewis Marshall, Mo.		23d. LOCATION (City, town, or county) (State) Sweet Springs, Missouri	25. DATE RECD. BY LOCAL REG. 6-18-'58
		26. REGISTRAR'S SIGNATURE Cecil H. Reed	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 24 1958

JUL 16 1958

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 *James H. Lewis*

Licensed Embalmer No. *4709*
P. O. Address *Marshall, 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.