

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026031

STATE FILE NUMBER

FILED JUL 22 1958

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 141

300  
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE. (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AMBULANCE-Joplin Twp		c. CITY OR TOWN R.R. 1-BOX 290, JOPLIN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE CHINN D.O.A.		d. STREET ADDRESS (If outside, give location) R.R. #1, OX 290	
3. NAME OF DECEASED (Type or print) First Middle Last TIMOTHY ISOM MCGUIRK			4. DATE OF DEATH Month Day Year JULY 12 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 MAY 10, 1915
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLUMBERS HELPER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) DADE COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ISOM MCGUIRK	
13b. MOTHER'S MAIDEN NAME JESSIE COOLEY		14. NAME OF HUSBAND OR WIFE RUTH MCGUIRK	
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.	17. INFORMANT Address MRS RUTH MCGUIRK, R.R. 1, JOPLIN, 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) <u>Acute circulatory collapse</u> DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>4201</u> 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 1 min. 5 min.
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 COUNTY STATE 4201	
21. I attended the deceased from 7-7-58 to 7-12-58 and last saw <del>xxx</del> him alive on 7-7-58 Death occurred at 11:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. F. Gregory</i> (Degree or title) 2		22b. ADDRESS 624 W. Broadway, Webb City, Mo.	
22c. DATE SIGNED 7/14/58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 7-15-1958		23c. NAME OF CEMETERY OR CREMATORY PINEBURG PENNSBORO	
23d. LOCATION (City, town, or county) (State) PENNSBORO MISSOURI		24. FUNERAL DIRECTOR HEDGE - LEWIS FUNERAL HOME, WEBB CITY MO.	
25. DATE RECD. BY LOCAL REG. 7-15-58		26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard Roy Lewis*

Licensed Embalmer No. *4483*

P. O. Address *Walt City*

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.