

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038954

STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1212

300 /  
1-57

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 315 Antoine		STREET ADDRESS (If outside, give location) 315 Antoine	
3. NAME OF DECEASED (Type or print) First MIDDLE Last NANCY JANE GUY		4. DATE OF DEATH Month Day Year November 9, 1958	
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 24, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Nodaway, Missouri
13a. FATHER'S NAME Daniel Randall		13b. MOTHER'S MAIDEN NAME Hannah Walls	14. NAME OF HUSBAND OR WIFE James Guy
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. none	17. INFORMANT Address Adrian Lee - 315 Antoine, St. Joseph, 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>Pulmonary Edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Myocardial infarction</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u> <u>14 days</u> <u>2 years</u>
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	
21. I attended the deceased from <u>Oct 10, 1958</u> to <u>Nov. 9, 1958</u> and last saw her/him alive on <u>Nov. 9, 1958</u> Death occurred at <u>8:20 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. Lawrence H. Pifer, MD</u> (Degree or title)		22b. ADDRESS <u>1302 Park St. Joseph</u>	22c. DATE SIGNED <u>11-10-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE <u>11/12/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oregon Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>Oregon, Missouri</u>
24. FUNERAL DIRECTOR <u>James H. Pettyjohn</u> ADDRESS <u>Oregon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 10, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. Lawrence H. Pifer

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. Pettigrew* .....

Licensed Embalmer No. *3192* .....

P. O. Address *Oregon 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.