Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043235
STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 38 Primary Registration District No. 2086 Registrar's No. 575

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Columbia — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 110 N. 2nd — Length of stay in Ib: 1 yr. 7 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Columbia 0105 0 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 110 N. 2nd — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: REV. JOHN Middle: R. Last: GUYTON

4. DATE OF DEATH: Month: Dec. Day: 20 Year: 1958

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: April 28 - 1898
9. AGE (In years last birthday): 60 yr. — 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): Preaching
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Guyton
13b. MOTHER'S MAIDEN NAME: Rachel unknown
14. NAME OF HUSBAND OR WIFE: Cline Guyton

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.: none
17. INFORMANT: Cline Guyton Address: Columbia, 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): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ? metastatic ca — ?
DUE TO (c): 1992
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): adeno-carcinoma metastatic to cervical lymph nodes, primary in abdomen; diabetes mellitus
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 42

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from October 1958, to Dec 20 and last saw her/him alive on Dec 16 1958
Death occurred at 4:00 P.M. p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles A. Leech MD 0
22b. ADDRESS: Columbia, Mo
22c. DATE SIGNED: 12/22/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/24/58
23c. NAME OF CEMETERY OR CREMATORY: Warrensburg, ?
23d. LOCATION (City, town, or county) (State): Warrensburg, Mo.

24. FUNERAL DIRECTOR: Mrs. Stuart Parker ADDRESS: Columbia, Mo
25. DATE RECD. BY LOCAL REG.: Dec. 23 1958
26. REGISTRAR'S SIGNATURE: Mrs R.E. Palmer

(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.

JAN 23 1959

JAN 19 1959

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.