

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010321

STATE FILE NUMBER

FILED APR 1 1959 Registration District No. 264 Primary Registration District No. _____ Registrar's No. 16

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stem added by gussy of funeral director 4-8-59 dgd
 USE ONLY BLACK INK ON RIBBON IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Fulton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bayou Top		c. CITY OR TOWN 8030	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hwy 1 Mi S. Bakersfield		d. STREET ADDRESS Star Rt Bakersfield, Mo.	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DENNY Middle DEVOE Last GUFFEY			4. DATE OF DEATH Month Mar. Day 19 Year 1959
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 16, 1948
9. AGE (In years at birthday) 10		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	11. BIRTHPLACE (City and state or country) Fulton Co., Arkansas
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME D. L. Guffey	
13b. MOTHER'S MAIDEN NAME Lena Morris Guffey		14. NAME OF HUSBAND OR WIFE	
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 D.L. Guffey, Bakersfield, Mo.		Address Star Rt	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull Fracture + Crushed Chest			INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Pickup Truck overturned Throwing boy	
20c. TIME OF INJURY Hour 9:00 a.m. _____ p.m. _____ Month, Day, Year 3-19-59		OUT AND LANDING ON HEAD + CHEST	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public road	
20f. CITY, TOWN, OR LOCATION near Bakersfield, Ozark, Missouri.		COUNTY 297 STATE	
21. I attended the deceased from _____ to _____ and last saw him alive on Not seen Death occurred at 9:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph Henry Corcoran (Degree or title) 3		22b. ADDRESS Gainesville Mo.	
22c. DATE SIGNED 3-22-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Mar. 21, 1959	
23c. NAME OF CEMETERY OR CREMATORY County Line Cem.		23d. LOCATION (City, town, or county) (State) Fulton County, Arkansas.	
24. FUNERAL DIRECTOR CARTER FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 3/30/59	
ADDRESS Salem, Ark.		26. REGISTRAR'S SIGNATURE Thana Madan	

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, ~~by~~, ~~Student-Embalmer No.~~, working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Hal Shouber*

Licensed Embalmer No. *3408*
CARTER FUNERAL HOME
P. O. Address WEST PLAINS, 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.