Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014163
STATE FILE NUMBER

FILED MAY 6 1959

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY OR TOWN Charleston — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 115 W. Tom Brown — Length of stay in 1b 12 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN Charleston 0672 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 115 W. Tom Brown — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Daisy Middle: Drucilla Last: O'Guin
4. DATE OF DEATH Month Day Year: 4/16/59
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11/4/1903
9. AGE (In years last birthday): 55 — 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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Caledonia, Miss.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Altie Belton Andrews
13b. MOTHER'S MAIDEN NAME: Mary Tennessee Marshall
14. NAME OF HUSBAND OR WIFE: Pat O'Guin
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. 492 34 4655
17. INFORMANT Pat O'Guin, Address Charleston, 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) Generalized Carcinomatosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary Site Cervix — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 171X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

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 1949 to 1959 and last saw her/him alive on 4/16/59
Death occurred at 12:50 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.
22b. ADDRESS Charleston Mo
22c. DATE SIGNED 4/17/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/18/59
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State) Charleston, Mo.

24. FUNERAL DIRECTOR [signature] ADDRESS The Nunnelee Funeral Chapel Charleston, Mo.
25. DATE RECD. BY LOCAL REG. 5-1-59
26. REGISTRAR'S SIGNATURE Dorothy B. Hathorn

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. 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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charlestown, M

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.