Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014223
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN Neosho — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Sales Memorial Hosp. 2 wks. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY McDonald
c. CITY OR TOWN Anderson — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) In Town — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Mary Middle Louise Last McGuire
4. DATE OF DEATH Month April Day 9 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Dec. 1, 1906
9. AGE (In years last birthday) 52 — IF UNDER 1 YEAR Months 3 Days 8 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (City and state or country) Anderson, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Alfred Cunningham
13b. MOTHER'S MAIDEN NAME Jennie Macaulley
14. NAME OF HUSBAND OR WIFE Victor McGuire
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Larry McGuire Address Anderson, 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 sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) hypertension
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 1-2-55 to 4-9-59 and last saw her alive on 4-8-59
Death occurred at 8 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. L. Blankenship (Degree or title) M.D.
22b. ADDRESS Neosho Mo.
22c. DATE SIGNED 4-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 4/9/1959
23c. NAME OF CEMETERY OR CREMATORY Anderson Cemetery
23d. LOCATION (City, town, or county) (State) Anderson, Missouri.

24. FUNERAL DIRECTOR ADDRESS Rapp Funeral Home Anderson, Mo.
25. DATE RECD. BY LOCAL REG. 4-10-59
26. REGISTRAR'S SIGNATURE Melvin C. Bowman, M.D.

(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.

Date Filed APR 17 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 Earl Rapp

Licensed Embalmer No. 3458

P. O. Address Anderson, 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.