

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017481

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 126

300
1-57

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Clinton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Loftin Rest Home		d. STREET ADDRESS (If outside, give location) 302 E. Ohio	
3. NAME OF DECEASED (Type or print) First Middle Last Ernest Henry Guffy		4. DATE OF DEATH Month Day Year May 16, 1959	
5. SEX Male	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 Feb. 26, 1859
9. AGE (In years last birthday) 100		IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired laborer		10b. KIND OF BUSINESS OR INDUSTRY Hatchery	
11. BIRTHPLACE (City and state or country) IOWA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William Sheriff Guffy		13b. MOTHER'S MAIDEN NAME ANN Broadbrooks	
14. NAME OF HUSBAND OR WIFE Cora Guffy (Deceased)		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 Gail Guffy	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure DUE TO (b) Chronic Myocarditis DUE TO (c) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 2 months 10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Arteriosclerotic Peripheral Vascular Disease both legs		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of form) 4200	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 March, 1959 and last saw her alive on 16 May 59 Death occurred at 4:05 m on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from March, 1959 and last saw him alive on 16 May 1959	
22a. SIGNATURE A. N. McIntyre, M.D.		22b. ADDRESS Clinton Mo.	
22c. DATE SIGNED 18 May 59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE May 18, 1959		23c. NAME OF CEMETERY OR CREMATORY Englewood	
23d. LOCATION (City, town, or county) (State) Clinton, Mo.		24. FUNERAL DIRECTOR Consalus	
24. FUNERAL DIRECTOR ADDRESS Clinton, Mo.		25. DATE RECD. BY LOCAL REG. May 18-59	
26. REGISTRAR'S SIGNATURE Mildred Bigum		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Eugene R. Conover*

Licensed Embalmer No. *4680*

P. O. Address *Clinton, MA*

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.