

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018127
STATE FILE NUMBER

JUN 2 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 275

300
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp.		Length of stay in lb 1 Day	d. STREET ADDRESS 2027 Byers
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Homer Middle Dick Last Guinn			4. DATE OF DEATH Month Day Year May 22, 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 24, 1897	9. AGE (In years last birthday) 62	FUNDER 1 YEAR Months 0 Days 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail road Employee	10b. KIND OF BUSINESS OR INDUSTRY Southern Pacific	11. BIRTHPLACE (City and state or country) Benton Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Dan Guinn	13b. MOTHER'S MAIDEN NAME LuAnne Rogers	14. NAME OF HUSBAND OR WIFE Edith Parman Guinn
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None	16. SOCIAL SECURITY NO. 453-0703195	17. INFORMANT Address Mo. Mrs. Edith Guinn 2027 Byers Joplin
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Embolism</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Unknown (over 1 yr)</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		5271
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Atherosclerotic heart disease</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from Death occurred at <i>9-5-57 12:40 A.</i> to <i>5-22-59</i> and last saw him alive on <i>5-22-59</i> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>H. Hamilton, M.D.</i> (Degree or title)	22b. ADDRESS <i>Medical Arts Bldg. Joplin Mo.</i>	22c. DATE SIGNED <i>5-23-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/22/1959	23c. NAME OF CEMETERY OR CREMATORY Union Cemetery	23d. LOCATION (City, town, or county) Stella, Route, Missouri
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24. FUNERAL DIRECTOR Rapp Funeral Home Anderson, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-27-1959	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>
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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 

Licensed Embalmer No. 23458.....
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.