

health,
welfare
public
service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60-59-018781
STATE FILE NUMBER

FILED JUN 15 1959

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 131

300
-57

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admittance) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Prairie</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Higbee</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>RTD # 2 Higbee</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>RTD # 2</i>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>PAUL DEAN GUINN</i>			4. DATE OF DEATH Month Day Year <i>June-3-1959</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct-14-1950</i>	9. AGE (In years last birthday) <i>8</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child not employed</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Moberly Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Joseph Hardin Guinn</i>	13b. MOTHER'S MAIDEN NAME <i>Betty Vern Bramhall</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Joe H. Guinn</i>	Address <i>Higbee Mo.</i>
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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>Asphyxia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>minutes</i>
DUE TO (b) <i>Strangulation</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		<i>minutes</i>
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.) <i>While playing on tractor a heavy nylon cord was looped on steering wheel he slipped over</i>
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <i>6-3-59</i>	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.) <i>FARM HOME</i>	20f. CITY, TOWN, OR LOCATION <i>Pt. S. #2 Higbee</i>	COUNTY <i>Prairie</i>	STATE <i>Randolph, Mo</i>
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21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at <i>4:35 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>Lucy S. Jolly, M.D.</i>	22b. ADDRESS <i>203 1/2 N. Clark, Moberly Mo</i>	22c. DATE SIGNED <i>6-4-59</i>

23a. BURIAL, CREMATION, RECOVERY (Specify)	23b. DATE <i>June-5-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Memorial Gardens</i>	23d. LOCATION (City, town, or county) (State) <i>Moberly Mo.</i>
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24. FUNERAL DIRECTOR <i>Cater Funeral Home</i>	ADDRESS <i>Moberly Mo</i>	25. DATE RECD. BY LOCAL REG. <i>6-5-59</i>	26. REGISTRAR'S SIGNATURE <i>Leah Blount</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.

910

Catching loop of cord around neck.

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 *R. M. Cater*
Licensed Embalmer No. *4117*
P. O. Address *Moberly 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.