

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028684

FILED VS SEP 1 1959

84

STATE FILE NUMBER

Registration District No. 20 Primary Registration District No. _____ Registrar's No. _____

DED

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|---|---|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Gentry | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany | | Length of stay in 1b lifetime | c. CITY OR TOWN (Rural) Albany | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION Gentry County Memorial Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) N. Of Albany | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Marian Middle Sue Last Guess | | | 4. DATE OF DEATH Month August Day 25 Year 1959 | | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 8/25/59 | 9. AGE (last birthday) IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours 1 Mins 13 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Albany, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S. | |
| 13a. FATHER'S NAME Maurice Guess | | 13b. MOTHER'S MAIDEN NAME Vernell Fancher | | 14. NAME OF HUSBAND OR WIFE none | | |
| 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 Mr. Maurice Guess | | Address Albany, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature (5 1/2 mo. term) | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 hr - 13 min | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) _____ | | DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 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.) | | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | Month, Day, Year _____ | | | | |
| 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 8-25-59 to 8-25-59 and last saw her alive on 8-25-59 Death occurred at 7:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE C. J. Pray, D.O. (Degree or title) | | | 22b. ADDRESS Albany, Mo. | | 22c. DATE SIGNED 8-26-59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE Aug 26, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Grandview | | 23d. LOCATION (City, town, or county) (State) Albany, Missouri | | |
| 24. FUNERAL DIRECTOR Clifford Brooks | | ADDRESS Albany, Missouri | 25. DATE RECD. BY LOCAL REG. 8-26-59 | 26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by not embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Coakley

Licensed Embalmer No. 4868

P. O. Address Albany, 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.