RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 7 1959

59-031756
STATE FILE NUMBER

Registration District No. 64 Primary Registration District No. 5270 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lincoln Township — Length of stay in 1b: 78 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Christian
c. CITY OR TOWN: Clever, Route #1 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1½ miles SE of Clever — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: WILLIAM Middle: EFTON Last: GUTHRIE
4. DATE OF DEATH: Month: Sept. Day: 24 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Widowed ☐ Never Married ☐ Divorced ☐
8. DATE OF BIRTH: Jan. 13, 1881
9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Stock & Dairy
11. BIRTHPLACE (City and state or country): Clever, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: William Andrew Guthrie
13b. MOTHER'S MAIDEN NAME: Margaret Ann Estes
14. NAME OF HUSBAND OR WIFE: Elizabeth Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: 500-40-7367
17. INFORMANT: Mrs. Elizabeth Guthrie, Address: Clever, 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): Chronic myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 Yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 June 24, 1940, to Sept. 22, 1959 and last saw her/him alive on Sept. 22, 1959
Death occurred at 3:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. W. Marshall, D.O.
22b. ADDRESS: Billings, Missouri
22c. DATE SIGNED: Sept. 26/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/26/1959
23c. NAME OF CEMETERY OR CREMATORY: Frazier Cemetery
23d. LOCATION (City, town, or county) (State): Clever, Missouri

24. FUNERAL DIRECTOR: Gleann Harris, ADDRESS: Clever, Mo.
25. DATE REC'D. BY LOCAL REG.: Sept 30. 1959
26. REGISTRAR'S SIGNATURE: Olive Hutter

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

JAN 12 1961

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed J. Dean Harris

Signature of Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Clever, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.