

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
FILED VS DEC 14 1959 STANDARD CERTIFICATE OF DEATH

59-039255
State File No.

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 4085 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hale</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Hale,</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home N/W Part Town</u>		e. STREET ADDRESS (If rural, give location) <u>0170</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u>	b. (Middle) <u>ELIZA</u>	c. (Last) <u>GUILFORD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28th, 1959</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 27th, 1803</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Receptionist</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR: Months <u>1</u> Days <u>1</u> IF UNDER 1 HR.: Hours <u>1</u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Receptionist</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Livingston Co. Mo.</u>
13a. FATHER'S NAME <u>Charles Daniel Epperson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane</u>	14. NAME OF HUSBAND OR WIFE <u>Charles R. Guilford</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>498-30-1417</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kirk Deardorff</u>	ADDRESS <u>Hale, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned To Death</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Poured Kerosene on fire, & become saturated with Kerosene</u>		
	DUE TO (c) <u>Exploded by Cell Stove</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>9160</u> <u>16</u> <u>017</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home Hale-Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carroll Missouri</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/28/59 8:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov. 28, 1959, to Nov. 28, 1959, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Rm. Marshall, Jr. Coroner</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Carrollton, Mo</u>	23c. DATE SIGNED <u>11/28/59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/29/1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lakeside Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sumner, Missouri</u>

DATE REC'D BY LOCAL REG <u>11-29-1959</u>	REGISTRAR'S SIGNATURE <u>Mrs Rex Henderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford W. Austin</u>	ADDRESS <u>F-H Hale, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 11 1960

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.....

Clifford W. Austin
Clifford W. Austin
Licensed Embalmer No...3233

P. O. Address...Tina, Missoula

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.