URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 24 1959

59-040774
STATE FILE NUMBER

MENDED

Registration District No. 170 Primary Registration District No. — Registrar's No. 176

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Eldridge T.S. — Length of stay in 1b: 15 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Eldridge, Mo. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Eldridge — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Eldridge — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First WILLIAM Middle JASPER Last MC GUIRE
4. DATE OF DEATH: Month Nov. Day 12 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-11-75
9. AGE (last birthday): 84 — 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: Agriculture
11. BIRTHPLACE (City and state or country): Camden County Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Joe Mc Guire
13b. MOTHER'S MAIDEN NAME: Elisabeth Gregory
14. NAME OF HUSBAND OR WIFE: Rachel Mc Guire
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.: None.
17. INFORMANT: Mrs. Rachel Mc Guire Address: Eldridge, 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 myocarditis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Old cerebral vascular accident
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 11-5-59 to 11-5-59 and last saw her/him alive on 11-5-59
Death occurred at 3:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B B Hurst, M.D.
22b. ADDRESS: Lebanon, Mo.
22c. DATE SIGNED: 11-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-14-59
23c. NAME OF CEMETERY OR CREMATORY: Hufft Cemetery
23d. LOCATION (City, town, or county) (State): Laclede County Mo.

24. FUNERAL DIRECTOR: L R Palmer — ADDRESS: Lebanon, Mo.
25. DATE RECD. BY LOCAL REG.: 11-14-1959
26. REGISTRAR'S SIGNATURE: Nella L. May

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Stanleigh R Palmer

Signature of Student Embalmer

Licensed Embalmer No. 4810

P. O. Address Lebanon, Pa

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