

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000529

ILED VS FEB 15 1960 47

Registration District No. _____ Primary Registration District No. 3008 Registrar's No. 43

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Length of stay in 1b 3 Wks.	c. CITY OR TOWN Auxvasse Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cal'away Mem. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Peter Middle Lewis Last McGuire			4. DATE OF DEATH Month Feb. Day 5 Year 1960		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 19, 1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done if retired, give type of work prior to retirement) Retired Merchant	10b. KIND OF BUSINESS OR INDUSTRY Feed Store	11. BIRTHPLACE (City and state or country) Taylor's Store, Virginia	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Elijah T. McGuire	13b. MOTHER'S MAIDEN NAME Betty Dickenson	14. NAME OF HUSBAND OR WIFE Ada Belle McGuire
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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. 496408918	17. INFORMANT Mrs. P.L. McGuire, Auxvasse, Mo.
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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) Lympho Sarcoma		INTERVAL BETWEEN ONSET AND DEATH 8 mo. from day
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
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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.)
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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 Auxvasse Mo	COUNTY Callaway	STATE Mo.
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21. I attended the deceased from **Aug 1959** to **Feb 5 1960** and last saw her/him alive on **Feb 4, 1960**
Death occurred at **4:55 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>P. L. McGuire</i>	(Degree or title)	22b. ADDRESS Auxvasse Mo	22c. DATE SIGNED 2-7-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 7, 1960	23c. NAME OF CEMETERY OR CREMATORY Auxvasse Cem.	23d. LOCATION (City, town, or county) Callaway County, Mo.
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24. FUNERAL DIRECTOR Magnif Funeral Home, Fulton, Mo	ADDRESS Fulton, Mo	25. DATE RECD. BY LOCAL REG. February-13-1960	26. REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>
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(Licensed Embalmer's Statement) (on Reverse Side)

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marshall C. Black

Licensed Embalmer No. 4712

P. O. Address Fulton,

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