

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000962

FILED VS FEB 8 1960

Registration District No. 111 Primary Registration District No. 5426 Registrar's No. 3

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Franklin County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oatawissa		Length of stay in lb 64 years	c. CITY OR TOWN death occurred at home 3 mi. north-east of Oatawissa, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R.#1-Catawissa, Mo.
3. NAME OF DECEASED (Type or print) First John Middle ----- Last Guenzler		4. DATE OF DEATH Month Jan. Day 30, Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-24-1895
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months _____ Days _____ Hours _____	IF UNDER 24 HR Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Oatawissa, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Chris Guenzler	
13b. MOTHER'S MAIDEN NAME Mary A. (Nee: Wideman)		14. NAME OF HUSBAND OR WIFE Phoebe A. (nee: McDaniel)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes, W.W.I 1914 to 1919		16. SOCIAL SECURITY NO. 490-32-6895	
17. INFORMANT Alice A. Guenzler - Catawissa, Mo.		17. INFORMANT John A. Guenzler - Catawissa, 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) Cortic Arteriosclerosis DUE TO (b) Arteriosclerotic Cardio- DUE TO (c) vascular disease			INTERVAL BETWEEN ONSET AND DEATH 5 yrs
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 <u>1955</u> to <u>1/30/60</u> and last saw ^{her} him alive on <u>1/16/60</u> Death occurred at <u>8:15 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>[Signature]</i>		22b. ADDRESS <i>[Address]</i>	22c. DATE SIGNED <i>[Date]</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-2-1960	23c. NAME OF CEMETERY OR CREMATORY Galvey Cemetery	23d. LOCATION (City, town, or county) (State) Catawissa, Missouri
24. FUNERAL DIRECTOR Bell Funeral Home ADDRESS Pacific, Mo.	25. DATE RECD. BY LOCAL REG. Feb. 2 - 1960	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

FEB 29 1960

APR 15 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

Byron J. Bee, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Byron J. Bee

Licensed Embalmer No. 497

P. O. Address Pacific

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.