

FEDERAL BUREAU OF INVESTIGATION  
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004843

FILED VS. JAN 19 1960

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 2

STATE FILE NUMBER

UNDECEASED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Bourbon</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada,</b>		Length of stay in 1b <b>3 weeks</b>		c. CITY OR TOWN <b>Redfield,</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7812 N. Washington Tato Nursing Home</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>none</b>		
3. NAME OF DECEASED (Type or print) First Middle Last <b>Sylvia Ara Guick</b>				4. DATE OF DEATH Month Day Year <b>January 10, 1960</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9-21-1877</b>		
9. AGE (last birthday) <b>86</b>		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) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Elkhart, Indiana</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>A. V. Davison</b>			13b. MOTHER'S MAIDEN NAME <b>Lucy Hall</b>			14. NAME OF HUSBAND OR WIFE <b>James S. Guick</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Earl Guick-Redfield, Kansas</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertensive Circulatory disease</b>						DUE TO (c) <b>None</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>advanced age</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <b>none</b>				
20c. TIME OF INJURY <b>none</b>								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Nevada</b>		COUNTY <b>Vernon</b> STATE <b>Mo</b>		
21. I attended the deceased from <b>Jan 1960</b> to <b>Jan 10-1960</b> and last saw her alive on <b>Jan 10-1960</b> . Death occurred at <b>10 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>W. J. Guick</b> (Degree or title)				22b. ADDRESS <b>Nevada, Mo.</b>		22c. DATE SIGNED <b>1-12-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1-10-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Woodson Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Bourbon County, Kansas</b>		
24. FUNERAL DIRECTOR <b>Konantz Mortuary-Ft. Scott, Kansas</b>				25. DATE RECD. BY LOCAL REG. <b>1-14-1960</b>		26. REGISTRAR'S SIGNATURE <b>Arma E. Jerry</b>		

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 by me

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 4921

P. O. Address Fort Scott, Mo.

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.