

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
U. S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 17 1960

60-005438
 STATE FILE NUMBER

Registration District No. 387 Primary Registration District No. 5208 Registrar's No. 3

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> COUNTY <u>Carroll</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hale (Hurricane Imp)</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Hale,</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home, 2 miles west.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MINNIE</u> Middle <u>EVALINE</u> Last <u>GUILFORD</u>			4. DATE OF DEATH Month <u>February</u> Day <u>6th</u> Year <u>1960</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/15, 1885</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Hale, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>D. C. Epperson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Moore,</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Guilford,</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Frank Guilford, Hale, Missouri RFD</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>uremia + Bilateral Pyonephritis</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>pusulent urinary cystitis + metastatic carcinoma of the urinary bladder.</u>			
		DUE TO (c) <u>Primary Carcinoma of Cervix Uteri.</u>			
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>5-28-59</u> to <u>2-8-60</u> and last saw her <u>her</u> alive on <u>2-5-60</u> Death occurred at <u>1:35 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Norman F. Henderson</u> (Degree or title) <u>D.O.</u>			22b. ADDRESS <u>Hale, Mo.</u>		22c. DATE SIGNED <u>2-8-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/7/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hurricane cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Hale, Missouri</u>	
24. FUNERAL DIRECTOR <u>Clifford W. Austin</u> ADDRESS <u>F-H Hale, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Feb. 8, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Rex Henderson</u>	

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 by
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.