

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042532

NOV 30 1960

Registration District No. 157 Primary Registration District No. 5584 Registrar's No. 230

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN McDonald Twp. | Length of stay in 1b 10 yrs. | c. CITY OR TOWN Reeds | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Reeds Rt. 1 | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Route 1 | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Ida Belle Guthrey | 4. DATE OF DEATH Month Day Year Nov. 16, 1960 |
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| 5. SEX female | 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 10-18-1869 | 9. AGE (last birthday) 91 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY housewife | 11. BIRTHPLACE (City and state or country) Ashland, Ohio | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME Henry McFadden | 13b. MOTHER'S MAIDEN NAME Mary Heerd | 14. NAME OF HUSBAND OR WIFE John Henry Guthrey |
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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. none | 17. INFORMANT Address Mrs. Will Ummel, Reeds, Rt 1, 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) Congestive heart failure | | INTERVAL BETWEEN ONSET AND DEATH 2 wcn. 2 years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arteriosclerotic heart disease | |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Lymphatic leukemia 3 years | 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 | COUNTY | STATE |
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| 21. I attended the deceased from 1947 to Nov. 16, 1960 and last saw her/him alive on Nov. 7, 1960 Death occurred at 3:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <i>Charles H. Seale</i> (Degree or title) M.D. | 22b. ADDRESS 1515 Hazel, Carthage, Mo. | 22c. DATE SIGNED 11/18/60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE Nov. 19-60 | 23c. NAME OF CEMETERY OR CREMATORY Summerset Cemetery | 23d. LOCATION (City, town, or county) (State) Jasper Mo. |
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| 24. FUNERAL DIRECTOR ADDRESS The Ulmer Funeral Home, Carthage | 25. DATE RECD. BY LOCAL REG. 11-21-60 | 26. REGISTRAR'S SIGNATURE <i>W. Clinton</i> |
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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 Melvin C. Garrett

Licensed Embalmer No. 5131

P. O. Address Carthage, 7

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