

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021963

STATE FILE NUMBER

AMENDED

Registration District No. 231 Primary Registration District No. 5809 Registrar's No. 31

1. PLACE OF DEATH
 a. COUNTY Montgomery
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Danville Township Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Highway # 40 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Callaway
 c. CITY OR TOWN McCredie Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) RFD # 1 Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Harlon Martin Guinn

4. DATE OF DEATH Month Day Year
July 6, 1961

5. SEX Male **6. COLOR OR RACE** White **7. Married** **Never Married**
Widowed **Divorced**

8. DATE OF BIRTH 22 May 1913 **9. AGE (last birthday)** 48 **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) Manager of Motel **10b. KIND OF BUSINESS OR INDUSTRY** Swan Motel **11. BIRTHPLACE** (City and state or country) Oklahoma **12. CITIZEN OF WHAT COUNTRY** USA

13a. FATHER'S NAME Al Guinn **13b. MOTHER'S MAIDEN NAME** Minnie Heddingfield **14. NAME OF HUSBAND OR WIFE** TheLma Guinn

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.** _____ **17. INFORMANT** Mrs. TheLma Guinn Address McCredie, 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) Fractured skull
Due to auto accident on US Highway 40
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO **20a. ACCIDENT** **SUICIDE** **HOMICIDE** **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 NOT WHILE AT WORK **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 viewed deceased from July 6, 1961 to _____ and last saw her/him alive on _____
 Death occurred at 2:45 A. M. July 6, 1961 the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. P. Rodgers Coroner **22b. ADDRESS** Montgomery City, Missouri **22c. DATE SIGNED** July 6, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** July 8, 1961 **23c. NAME OF CEMETERY OR CREMATORY** Callaway Memorial Gardens **23d. LOCATION** (City, town, or county) (State) Fulton, Missouri

24. FUNERAL DIRECTOR Wallace Funeral Home **ADDRESS** Fulton, Mo. **25. DATE RECD. BY LOCAL REG.** 7-6-1961 **26. REGISTRAR'S SIGNATURE** Laura B Callaway

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

JUL 18 1961

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 *A. R. Massey*

Licensed Embalmer No. 4996
P. O. Address Fulton, 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.