

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040474

AMENDED

Registration District No. **74** Primary Registration District No. **4136** Registrar's No. **50**

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Clinton	a. STATE Missouri b. COUNTY Clinton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Plattsburg	Length of stay in lb 50 years	c. CITY OR TOWN Plattsburg	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. F. D. 1	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. F. D. 1	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First Mary	Middle Theodosha	Last McGuire	Month November	Day 28
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 12/18/1883	9. AGE (last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home keeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Gallatin, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Dennis Campbell		13b. MOTHER'S MAIDEN NAME Nancy Ellen Long		14. NAME OF HUSBAND OR WIFE Frank McGuire (Dec'd)
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 Mrs. Elton Mause, St. Joseph, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio Sclerosis	5 yrs
	DUE TO (c) Polyarthritis	10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Secondary Anemia 10 yrs		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 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 1950 to Nov 28-1961 and last saw her/him alive on Nov 28 1961 Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) W. B. Spalding MD	22b. ADDRESS Plattsburg Mo	22c. DATE SIGNED Nov 29-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/30/1961	23c. NAME OF CEMETERY OR CREMATORY Evergreen
23d. LOCATION (City, town, or county) Osborn, Missouri		

24. FUNERAL DIRECTOR Lyon Funeral Home, Inc, Plattsburg, Mo	25. DATE RECD. BY LOCAL REG. 11-30-1961	26. REGISTRAR'S SIGNATURE Mary W Searens
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Phillip E. Cox

Licensed Embalmer No. 4993

P. O. Address Stateway, N.C.

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.