

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005846

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 32

AMENDED

FILED FEB 27 1962

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>East Lynne</u>		Length of stay in 1b <u>5 yrs.</u>	c. CITY OR TOWN <u>East Lynne</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At his home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>RAY</u> Middle <u>X MC GUIRE</u> Last _____	4. DATE OF DEATH Month <u>Feb.</u> Day <u>20</u> Year <u>1962</u>
---------------------------------------------------------------------------------------------	----------------------------------------------------------------------

5. SEX <u>Male</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>6/9/1896</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Min. _____
-----------------------	----------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ice Cream Co.</u>	11. BIRTHPLACE (City and state or country) <u>Darlington, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------	---------------------------------------------------------------------------	-------------------------------------------

13a. FATHER'S NAME <u>George P. McGuire</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Wayman</u>	14. NAME OF HUSBAND OR WIFE <u>Esther McGuire</u>
------------------------------------------------	-------------------------------------------------	------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I</u>	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT <u>Mrs Esther McGuire</u> Address <u>East Lynne, Mo.</u>
-----------------------------------------------------------------------------------------------------------------------------	---------------------------------------	---------------------------------------------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-------------------------------------------------

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>They, for advanced, Cancer of lung.</u>	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 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 <u>Harrisonville, Mo.</u>	COUNTY _____ STATE _____
--------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	-----------------------------------------------------------	--------------------------

21. I attended the deceased from 1958 to Feb 20-62 and last saw her alive on Feb 20-1962
Death occurred at 5:55 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. S. Spencer M.D.</u> (Degree or title)	22b. ADDRESS <u>Pleasant Hill, Mo.</u>	22c. DATE SIGNED <u>2-23-62</u>
---------------------------------------------------------------	-------------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/24/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Harrisonville, Mo.</u>
------------------------------------------------------------	-------------------------------	--------------------------------------------------------------	----------------------------------------------------------------------------

24. FUNERAL DIRECTOR <u>Atkinson Dickey</u> ADDRESS <u>Harrisonville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2/24/1962</u>	26. REGISTRAR'S SIGNATURE <u>W. R. Seber</u>
----------------------------------------------------------------------------------	--------------------------------------------------	-------------------------------------------------

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

MAR 1 1962

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 Robert W. Atkinson

Licensed Embalmer No. 7902
P/O Address Lawrenceville, Ga

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.