

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012215

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 53

FILED APR 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

6822
20822

3

4 0

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94201

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1290-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>LOUISIANA</u>		c. CITY OR TOWN <u>LOUISIANA</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>202 BLUFFS</u>		d. STREET ADDRESS (If outside, give location) <u>202 BLUFF</u>	
3. NAME OF DECEASED (Type or print) First <u>THOMAS</u> Middle <u>HENRY</u> Last <u>GUTHRIE</u>		4. DATE OF DEATH Month <u>MARCH</u> Day <u>27</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>3/28/72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	11. BIRTHPLACE (City and state or country) <u>NEBO, IL.</u>
13a. FATHER'S NAME <u>IRA GUTHRIE</u>		13b. MOTHER'S MAIDEN NAME <u>ROWLEY</u>	13c. NAME OF HUSBAND OR WIFE <u>SARRAH GUTHRIE</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>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>SARRAH GUTHRIE, LOUISIANA, MO</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>Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</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. _____ b.m. _____	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 _____ to _____ and last saw him alive on _____ Death occurred at <u>7:45P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree & title) <u>W. J. Martin, M.D.</u>		22b. ADDRESS <u>Louisiana, Mo.</u>	22c. DATE SIGNED <u>4-5-62</u>
23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>BURIAL March 30, 62</u>		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW</u>
24. FUNERAL DIRECTOR <u>Geo. M. Collier</u>		25. DATE RECD. BY LOCAL REG. <u>April 5, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>
27. LOCATION (City, town, or county) (State) <u>LOUISIANA, MO</u>			

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

(Licensed Embalmer - Statement on Reverse Side)

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: *Geo. M. Callier*

Licensed Embalmer No. 3839
P. O. Address: Louisiana, 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.