

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

417-62-034001  
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 417

DO NOT WRITE ON THIS STUB

AMENDED

**FILED OCT 1 1962**

VS 300  
Rev. 4/59

816-9

210302

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123-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Bloomfield</b>	
Length of stay in 1b <b>1 week</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Southeast Hospital</b>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <b>Aderon</b> Middle <b>NMI</b> Last <b>Guiling</b>		4. DATE OF DEATH Month <b>Sept.</b> Day <b>21,</b> Year <b>1962</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-27-1881</b>
9. AGE (last birthday) <b>81</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Westport, Ind.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Guiling</b>	
13b. MOTHER'S MAIDEN NAME <b>Ellie Low</b>		14. NAME OF HUSBAND OR WIFE <b>Mealie Hogue Guiling</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>XXXXXXXXXX</b>	
17. INFORMANT <b>Mealie Guiling</b>		Address <b>Bloomfield, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Posterior myocardial Infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
DUE TO (b) <b>Arteriosclerotic HT Disease</b>			<b>unknown</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? <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	COUNTY _____ STATE _____
21. I attended the deceased from <u>16 Sept 62</u> to <u>21 Sept 62</u> and last saw him alive on <u>21 Sept 62</u> Death occurred at <u>8 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H. Redinger MD</i>		22b. ADDRESS <b>Cape Girardeau Mo.</b>	22c. DATE SIGNED <b>24 Sept 62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>9-24-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove</b>	23d. LOCATION (City, town, or county) <b>Pleasant Grove, Ark.</b>
24. FUNERAL DIRECTOR <b>Watkins &amp; Sons</b> ADDRESS <b>Dexter, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-22-62</b>	26. REGISTRAR'S SIGNATURE <i>Jean Kasten</i>

USE BLACK INK OR TYPEWRITER RIBBON

OCT 10 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 Mark Withers

Licensed Embalmer No. 4717

P. O. Address Dexter 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.