

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-042196

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 119 Primary Registration District No. 4192 Registrar's No. 56

FILED DEC 6 1962

VS 300
Rev. 4/59

10370
20370

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4 6
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9 141.9
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12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY Gasconade			a. STATE Mo b. COUNTY Gasconade		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morrison		Length of stay in 1b 7 years	c. CITY OR TOWN Morrison		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input 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)			4. DATE OF DEATH		
First Middle Last GEORGE NELSON MCGUIRE			Month Day Year Nov 25 1962		
5. SEX Male	6. COLOR OR RACE Cau.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/25/1888	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen'l Farming	11. BIRTHPLACE (City and state or country) Kansas City, Mo	12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Geo. B. McGuire		13b. MOTHER'S MAIDEN NAME Sarrah Jane Wolfe		14. NAME OF HUSBAND OR WIFE Nancy B. McGuire	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. #1		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Nancy B. McGuire Morrison, 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 4 YRS
IMMEDIATE CAUSE (a) Epidermoid carcinoma of tongue with metastases					
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. <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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 April 1956 to Nov. 1962 and last saw her/him alive on 10-22-62 Death occurred at 3:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) George M. Workman M.D.			22b. ADDRESS Hermann, Missouri		22c. DATE SIGNED 11-26-62
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial	11/27/62	Assumption Cemetery		Morrison Mo	
24. FUNERAL DIRECTOR ADDRESS Herman Blumer, Inc Hermann, Mo			25. DATE RECD. BY LOCAL REG. 11-26-62	26. REGISTRAR'S SIGNATURE Delma Uffelmann	

USE BLACK INK OR TYPEWRITER RIBBON

JAN 10 1963

DEC 6 1962

RECEIVED 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 *Reginald L. Dwyer*
Licensed Embalmer No. 3160

P. O. Address *Meriden, Conn*

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.