

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42962

BIRTH NO. _____		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>5867</u>		Registrar's No. <u>21</u>				
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer, Star Route</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer (Rural)</u>						
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) <u>NOVA</u>			a. (First)		b. (Middle)		c. (Last) <u>GUFFEY</u>			
4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>21,</u>		(Year) <u>1948</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 26, 1902</u>				
9. AGE (In years last birthday) <u>46</u>		F UNDER 1 YEAR Months <u>-</u>		DAYS <u>25</u>		F UNDER 2 HRS. Hours <u>-</u> Min. <u>-</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS/OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Alton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>G. W. Dills</u>			13b. MOTHER'S MAIDEN NAME <u>Rosie Woods</u>			14. NAME OF HUSBAND OR WIFE <u>Don Guffey</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>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Don Guffey, Alton, Missouri</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u>								<u>1 yr.</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES						
				DUE TO (b) <u>-----</u>						
				DUE TO (c) <u>-----</u>						
II. OTHER SIGNIFICANT CONDITIONS				<u>-----</u>						
Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP)				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED		
22. I hereby certify that I attended the deceased from <u>April</u> , 1948, to <u>Dec.</u> , 1948 that I last saw the deceased alive on <u>Dec. 14</u> , 1948, and that death occurred at <u>3 A. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Mitchell Blaine M.D.</u> (Degree or title)				23b. ADDRESS <u>Marion, Spring, Arkansas</u>		23c. DATE SIGNED <u>1/15/49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/23/48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Cemetery</u>		24d. LOCATION (City, town, or county) <u>Oregon County</u>		(State) <u>Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4-17-1949</u>		REGISTRAR'S SIGNATURE <u>Ella Cross</u>			416		25. FUNERAL DIRECTOR'S SIGNATURE <u>Deland Carter</u>		ADDRESS <u>Thayer, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Blaine

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District _____

District File Number 549340

Date Filed 5-6-49

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 _____
Student Embalmer

Signed _____

Richard Carter

Licensed Embalmer No. 4516

P. O. Address Thayer Md

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 this body is not embalmed, fact should be so stated above.

THE DIVISION OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. may
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BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5867 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) _____	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jova</u> b. (Middle) _____ c. (Last) <u>Gussey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-21-78</u>	
5. SEX <u>7</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>11-26-02</u>
9. AGE (in years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) _____	
12. CITIZEN OF WHAT COUNTRY? _____			

13a. FATHER'S NAME _____	13b. MOTHER'S MAIDEN NAME _____	13c. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME _____	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) during the underlying cause last.		
DUE TO (a) _____		DUE TO (b) <u>Primary site of cancer was the cervix</u>		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____	23b. ADDRESS _____	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. _____	REGISTRAR'S SIGNATURE _____	25. FUNERAL DIRECTOR'S SIGNATURE _____	ADDRESS _____
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SUPPLEMENTAL

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S-42962