

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40884

State File No. _____

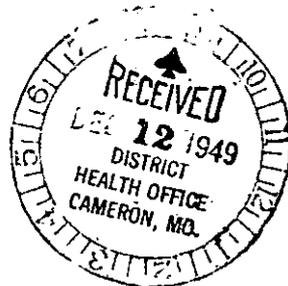
FILED DEC 19 1949

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 9158

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> c. LENGTH OF STAY (in this place) <u>4 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Margaret 101 E 17th</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> d. STREET ADDRESS (If rural, give location) <u>101 E. 17 Street</u>		
3. NAME OF DECEASED (Type or Print) <u>MARGARET</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>Gutlip</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 22 1871</u>	9. AGE (in years last birthday) <u>76</u> if UNDER 1 YEAR: Months <u>2</u> Days <u>22</u> if UNDER 1 Mth. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) <u>Williamstown, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>William Bickers</u>		13b. MOTHER'S MAIDEN NAME <u>Gordelia HANN</u>	14. NAME OF HUSBAND OR WIFE <u>Geo B. Gutlip.</u>	
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 <u>Edna Rehard Trenton, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 1/2 years</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4500</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		
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?		
22. I hereby certify that I attended the deceased from <u>Nov 11, 1949</u>, to <u>Nov 13, 1949</u>, that I last saw the deceased alive on <u>Nov 11, 1949</u>, and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>E. A. Duffy M.D.</u>		(Degree or title)	23b. ADDRESS <u>Trenton</u>	23c. DATE SIGNED <u>Nov 15-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 15 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>2007 Trenton, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-15-49</u>	REGISTRAR'S SIGNATURE <u>Dreene Law</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Person by <u>Gordon Blackmon</u> <u>Trenton, Mo.</u>		

DEC 29 1949



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 J. Jordan Blackmore

Licensed Embalmer No. 4602

P. O. Address Trenton, 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 this body is not embalmed, fact should be so stated above.