

FILED JAN 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1829

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 2043 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Marion county		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal Rural		c. CITY (If outside corporate limits, write RURAL and give township) Lentner, Mo. 7 miles S. /	
c. LENGTH OF STAY (In this place) 10		d. STREET ADDRESS (If rural, give location) X	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Elizabeth hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Oswald c. (Last) Guthrie			4. DATE OF DEATH (Month) (Day) (Year) 1-14-1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-8-1871	9. AGE (10 years last birthday) 79	IF UNDER 1 YEAR Months 3 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Mexico, Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME J. T. Guthrie	13b. MOTHER'S MAIDEN NAME Margaret Crawford	14. NAME OF HUSBAND OR WIFE Stella Guthrie
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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) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Stella Guthrie, Lentner, Mo.
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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 2 weeks ? 2860
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ulcerative Colitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sprue 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"/>
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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 **1-13-51**, 19__, to **1-14-51**, 19__, that I last saw the deceased alive on **1-14-51**, 19__, and that death occurred at **5:30 AM** from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS 100 N. Sixth, Hannibal, Mo.	23c. DATE SIGNED 1-15-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-16-1951	24c. NAME OF CEMETERY OR CREMATORY Long Branch Cemty.	24d. LOCATION (City, town, or county) (State) Monroe Co. Mo.
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DATE REC'D BY LOCAL REG. 1-24-51	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkelaw & Hawkins, Shelbina, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2648

RECORDED JAN 26 1951
HEALTH DEPT.
DATE FILED JAN 26 1951

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 *W. Hawkins*.....

Licensed Embalmer No. *3498*.....

P. O. Address *Shelburne Vt*.....

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: