

FILED AUG 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. **21927**

BIRTH NO. _____ REG. DIST. NO. **2-** PRIMARY REG. DIST. NO. **5015** Registrar's No. **55-**

1. PLACE OF DEATH
 a. COUNTY **ANDREW**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **NODAWAY**
 c. LENGTH OF STAY (If in this place) **20 YEARS**
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **MISSOURI**
 b. COUNTY **ANDREW**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **NODAWAY**
 d. STREET ADDRESS (If rural, give location) **0030**

3. NAME OF DECEASED
 a. (First) **ALBERT**
 b. (Middle) _____
 c. (Last) **GUY**

4. DATE OF DEATH (Month) (Day) (Year)
AUGUST 3 1951

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
SINGLE

8. DATE OF BIRTH
APR. 23, 1881

9. AGE (In years, less birthday) **70**
 # UNDER 1 YEAR Months _____ Days _____
 # UNDER 1 HR. 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

11. BIRTHPLACE (State or foreign country)
AMAZONIA, MISSOURI

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
SAMUEL T. GUY

13b. MOTHER'S MAIDEN NAME
RACHAEL ANN ~~SEE~~ BROWNLAGE

14. NAME OF HUSBAND OR WIFE
NONE

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.
NONE

17. INFORMANT'S SIGNATURE OR NAME **MR. ROBERT GUY**
ADDRESS **OREGON, MISSOURI**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Suffocation**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Smoke**
 DUE TO (c) **Destruction of Residence by fire**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
69350
102 16

20. AUTOPSY?
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Andrew Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
Aug. 3, 1951 2:00

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
Lightning struck house, burning it.

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 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE
W.S. Maxwell, D.O., Coroner

23b. ADDRESS
307 W. Main, Savannah, Mo.

23c. DATE SIGNED
8/3/51

24a. BURIAL CREMATION, BURIAL

24b. DATE
AUG. 4, 1951

24c. NAME OF CEMETERY OR CREMATORY
HIGHLAND

24d. LOCATION (City, town, or county) (State)
OREGON, MISSOURI

DATE REC'D BY LOCAL REG.
8-4-51

REGISTRAR'S SIGNATURE
Lilley Sparks

25. FUNERAL DIRECTOR'S SIGNATURE **James H. Pettigrew**
ADDRESS **Oregon Mo.**

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



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 _____

James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon, 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.