

FILED SEP 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32170

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 9150

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lucas - Hunt Village		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lucas - Hunt Village 4170	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7332 Burrwood d		/ d. STREET ADDRESS (If rural, give location) 7332 Burrwood	

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) Lee	c. (Last) Guinn	4. DATE OF DEATH (Month) (Day) (Year) Sept 14 - 1951
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5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 2 - 1901	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 6 WKS. Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traveling Auditor	10b. KIND OF BUSINESS OR INDUSTRY Missouri Pacific	11. BIRTHPLACE (State or foreign country) Booneville, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lewis Guinn	13b. MOTHER'S M maiden NAME Minnie C. Hicks	14. NAME OF HUSBAND OR WIFE Madaline C. Guinn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 702-14-2820	17. INFORMANT'S SIGNATURE OR NAME Madaline C. Guinn	ADDRESS 7332 Burrwood
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) 443X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 11 years
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 8-5-1951 to 9-14-51, that I last saw the deceased alive on 9-13-51, and that death occurred at 7:35 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert Kaplan MD	23b. ADDRESS 10607 N. Grand	23c. DATE SIGNED 9-14-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4 sept 15/51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 9-15-51	REGISTRAR'S SIGNATURE Robert P. Donker	25. FUNERAL DIRECTOR'S SIGNATURE M. R. Lupton & Sons	ADDRESS 7233 Delmar Blvd
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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

Ronald W. Schoene

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, 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.