

REC'D JAN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2162**

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4305** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) Anderson		c. CITY (If outside corporate limits, write RURAL and give township) Anderson	
c. LENGTH OF STAY (In this place) 25 Yrs		d. STREET ADDRESS (If rural, give location) 0607	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MARY	b. (Middle) Elizabeth		c. (Last) GUTHRIE		Month (Day) (Year) 1 - 10 - 1953

5. SEX F	6. COLOR OF RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 12-18-1872	9. AGE (In years last birthday) Months Days Hours Min. 80 0 22 1	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY SAMS	11. BIRTHPLACE (State or foreign country) NEBO ARKANSAS	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Alfred Bagby	13b. MOTHER'S MAIDEN NAME Susan Terrib	14. NAME OF HUSBAND OR WIFE J. A. 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. NONE	17. INFORMANT'S SIGNATURE OR NAME BEN GUTHRIE	ADDRESS Anderson, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		years
	DUE TO (c) Heart disease		
	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 331X	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)	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 **1-1**, 19**48**, to **1-10**, 19**53**, that I last saw the deceased alive on **1-10**, 19**53**, and that death occurred at **9:25** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. W. Blankenship M.D.	23b. ADDRESS Anderson Mo.	23c. DATE SIGNED 1-19-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-12-1953	24c. NAME OF CEMETERY OR CREMATORY Anderson Cemetery	24d. LOCATION (City, town, or county) (State) Anderson Mo.
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DATE REC'D BY LOCAL REG. 1-20-53	REGISTRAR'S SIGNATURE Mayne Humphrey	25. FUNERAL DIRECTOR'S SIGNATURE K. W. Humphrey	ADDRESS Geneville Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 8 0 1953

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 *H. M. Humphrey Jr.* _____

Licensed Embalmer No. *4708* _____

P. O. Address *Noel Ma.* _____

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.