

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1913**

FILED FEB 8 1954 REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **4275** Registrar's No. **10**

550

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

1. PLACE OF DEATH a. COUNTY <b>Lawrence County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marionville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marionville</b>	
c. LENGTH OF STAY (in this place) <b>4 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Methodist Home for Aged</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b> b. (Middle) <b>Farris</b> c. (Last) <b>Guyne</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 5, 1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>May 6, 1857</b>
9. AGE (In years last birthday) <b>96</b>		10. MONTHS <b>8</b>	11. DAYS <b>30</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired cabinet maker</b>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
11. BIRTHPLACE (State or foreign country) <b>Germantown, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry H. Guyne</b>		13b. MOTHER'S MAIDEN NAME <b>Ruan Hines</b>	
14. NAME OF HUSBAND OR WIFE <b>Katie M. Guyne</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rev. Walter Morgan, Fayette Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infirmities of age. Possible stroke</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> ANTECEDENT CAUSES DUE TO (b) <b>Temper of insanity.</b> DUE TO (c) <b>also several falls, with my leg.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Injury to spine.</b> <b>several years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>304 XF</b>	
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) (Minute)		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 <b>May, 1930</b> , to <b>Feb. 4, 1954</b> , that I last saw the deceased alive on <b>Feb. 4, 1954</b> , and that death occurred at <b>2:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Stella R. Dodd M.D.</b>		23b. ADDRESS <b>Marionville, Mo.</b>	
23c. DATE SIGNED <b>Feb. 5, 1954</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Feb. 6, 1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Miller Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Middletown, Ind.</b>	
DATE REC'D BY LOCAL REG. <b>2-16-1954</b>		REGISTRAR'S SIGNATURE <b>Oran M. Matt</b>	
57		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>F.B. Kerridge, Marionville, Mo.</b>	

**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 \_\_\_\_\_

*Herman Curridge*

Licensed Embalmer No. 3072

P. O. Address Merionville, 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.