

STANDARD CERTIFICATE OF DEATH

3644

State File No.

FILED FEB 9 1954

BIRTH NO. REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 6099 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Schuyler 0980 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Schuyler

b. CITY (If outside corporate limits, write RURAL and give township) Prairie (rural) c. LENGTH OF STAY (in this place) 10 mos c. CITY OR TOWN Queen City d. Is Residence within limits of a city or incorporated town? Yes No 0980

d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mi. west Queen City e. STREET ADDRESS (If rural, give location) rural 1 mi. west of town

3. NAME OF DECEASED a. (First) LARRY b. (Middle) LEE c. (Last) Guy 4. DATE OF DEATH (Month) (Day) (Year) Feb 1 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 8. DATE OF BIRTH May 29 '43 9. AGE (in years last birthday) 10 8 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) Kirksville, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Leland Guy 13b. MOTHER'S MAIDEN NAME Mildred Richmond 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Leland Guy ADDRESS Queen City Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Cerebral Palsy 10 3/4 years DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sphincter muscles

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 334X

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 2/1, 1954, to 2/1, 1954, that I last saw the deceased alive on 2/1, 1954, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Edward M. Roberts (Degree or title) M.D. 23b. ADDRESS Queen City, Mo. 23c. DATE SIGNED 2/2/54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE Feb 3 '54 24c. NAME OF CEMETERY OR CREMATORY Norwinger Cemetery 24d. LOCATION (City, town, or county) (State) Norwinger, Missouri

DATE REC'D BY LOCAL REG. 2-1-54 REGISTRAR'S SIGNATURE 353-1/2 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dorothy Ford Home Queen City Mo.

(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
Signature of Student Embalmer

Signed *Jack / [Signature]*

Licensed Embalmer No. *46*

P. O. Address *Queen City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.