

**THE DIVISION OF HEALTH OF THE STATE OF OREGON  
STANDARD CERTIFICATE OF DEATH**

**5611**

State File No. ....

No. 300  
10.48

**FILED MAR 5 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5877 Registrar's No. 5

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Oregon</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton-Piney</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>ORA</u>	b. (Middle) <u>FANNIE</u>	c. (Last) <u>GUFFEY</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan. 29, 1954</u>
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<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 10, 1913</u>	<b>9. AGE</b> (In years last birthday) <u>40</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Oregon Co., Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>
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<b>13a. FATHER'S NAME</b> <u>James F. Howell</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Tennie Bills</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Fon V. Guffey</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Fon V. Guffey</u>	<b>ADDRESS</b> <u>Alton, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Unknown</u>		
	<b>ANTECEDENT CAUSES</b> <u>90% of Body Destroyed by Fire</u>		
	<b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**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 12:30p m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Lee D. Martin, 3rd</u>	(Degree or title)	<b>23b. ADDRESS</b> <u>Thayer, Mo.</u>	<b>23c. DATE SIGNED</b> <u>2-16-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>2/3/54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Shiloh Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Oregon Co., Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Feb 27-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mrs W C Johnson</u>	<b>25. FEDERAL DIRECTOR'S SIGNATURE</b> <u>Edward Curtis Thomas</u>	<b>ADDRESS</b>
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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.