

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39835**

FILED DEC 30 1955

BIRTH NO. _____ REG. DIST. NO. **46** PRIMARY REG. DIST. NO. **5150** Registrar's No. **30**

1. PLACE OF DEATH
 a. COUNTY **Caldwell**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural, Hamilton Twp**
 c. LENGTH OF STAY (in this place) **5 yrs**
 d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
 a. STATE **Mo.**
 b. COUNTY **Caldwell**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural, Hamilton Twp**
 d. STREET ADDRESS (If rural, give location) **3 mi. South of Hamilton**

3. NAME OF DECEASED
 a. (First) **MINNIE**
 b. (Middle) **E.**
 c. (Last) **GUFFEY**
 4. DATE OF DEATH (Month) (Day) (Year) **12-9-1955**

5. SEX **Female**
 6. COLOR OR RACE **White**
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**
 8. DATE OF BIRTH **4-28-18**
 9. AGE (In years last birthday) **87**
 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (City and State or Foreign Country) **Livingston Co. Mo.**
 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Joseph Suter**
 13b. MOTHER'S MAIDEN NAME **Hatharine Gordon Thomas**
 14. NAME OF HUSBAND OR WIFE **Leffey**

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. _____
 17. INFORMANT'S SIGNATURE OR NAME **T.C. Leffey**
 ADDRESS **Hamilton, Mo.**

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Natural causes**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) **260X**
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. **Diabetes mel.**

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

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 **Dec 5, 1955**, to **Dec 9, 1955**, that I last saw the deceased alive on **Dec 8, 1955**, and that death occurred at **11:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **J. R. Elster** (Degree or title) _____
 23b. ADDRESS **Hamilton, Mo.**
 23c. DATE SIGNED **Dec 14 1955**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
 24b. DATE **12/11/1955**
 24c. NAME OF CEMETERY OR CREMATORY **Leffey Cem.**
 24d. LOCATION (City, town, or county) (State) **Breakensridge Mo.**

DATE REC'D BY LOCAL REG. **12-19-55**
 REGISTRAR'S SIGNATURE **Gladys Jones**
 25. FUNERAL DIRECTOR'S SIGNATURE **Marion A. Bran**
 ADDRESS **Hamilton Mo.**

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 Marvin A. Brown

Licensed Embalmer No. 3918

P. O. Address Hamilton, Me

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.