

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1956

State File No. **19574**

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 192

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|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY OR TOWN <u>Columbia</u> | c. LENGTH OF STAY (in this place) <u>20 yrs</u> | c. CITY OR TOWN <u>Columbia</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co. Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>205 N. 1st St. 01050</u> | |

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|---|------------|-------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) <u>AMANDA</u> | a. (First) | b. (Middle) | c. (Last) <u>MC GUIRE</u> | 4. DATE OF DEATH <u>June 15 - 1956</u> |
|---|------------|-------------|---------------------------|--|

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|----------------------|-------------------------------|--|--|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>July 17 - 1912</u> | 9. AGE (In years last birthday) <u>43</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|----------------------|-------------------------------|--|--|---|------------------------|----------------------|-----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maid</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Private Family</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway Co. Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Robert McGuire</u> | 13b. MOTHER'S MAIDEN NAME <u>Jennie Woods</u> | 14. NAME OF HUSBAND OR WIFE <u>Eddie Cross</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>7-100</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Robert Cross, Columbia Mo.</u> | ADDRESS |
|---|--------------------------------------|---|---------|

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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>21 mos</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease</u> | | |
| | ANTECEDENT CAUSES <u>Congestive failure</u> | | |
| DUE TO (b) | | | |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | |

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|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
|--|--|---|

| | | |
|---|--|---------------------------|
| 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 |
|---|--|---------------------------|

22. I hereby certify that I attended the deceased from 9-15, 1954, to 6-15, 1956, that I last saw the deceased alive on 6-14, 1956, and that death occurred at 3:15 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>J. D. Allen MD</u> | 23b. ADDRESS <u>Columbia Mo</u> | 23c. DATE SIGNED <u>6-15-56</u> |
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|---|---------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 19 - 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Samsons Chapel Callaway Co. Mo.</u> | 24d. LOCATION (City, town, or county) (State) |
|---|---------------------------------|---|---|

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| DATE REC'D BY LOCAL REG. <u>June 18 1956</u> | REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart D. Parker, Columbia, Mo.</u> | ADDRESS |
|--|--|---|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

31-0

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 *Edward H. Freyer*

Licensed Embalmer No. *499*

P. O. Address *Columbia*

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.