

## STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 21 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Newburg</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>McFarland Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>0810</u>	

3. NAME OF DECEASED (Type or Print) <u>Oliver Guffey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 10 1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>2/24/1880</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR <u>5</u> IF UNDER 24 HRS. <u>20</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Newburg Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John R Guffey</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia RAY</u>	
14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Edwin Guffey</u>		ADDRESS <u>Newburg Mo</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cirrhosis of liver</u>		ANTECEDENT CAUSES		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		5810	

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) m.		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 6-3, 1957, to 8-10, 1957 that I last saw the deceased alive on 7-5, 1957, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. E. Fend</u> M.D.		23b. ADDRESS <u>Rolla Mo.</u>		23c. DATE SIGNED <u>8-12-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 12-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roach Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Phelps Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u>		ADDRESS <u>Newburg Mo</u>	

DATE REC'D BY LOCAL REG. <u>Aug. 12, 1957</u>		REGISTRAR'S SIGNATURE <u>Nadine R. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u>	
				ADDRESS <u>Newburg Mo</u>	

RECEIVED

Phelps County Health Officer,

County File Number 792

Date Filed 8/30/57

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 William L. STRAWNUN..... Student Embalmer No. 543  
working under my personal supervision..

Student William Lee Strawnun  
Signature of Student Embalmer

Signed Lee Johnson.....  
Licensed Embalmer No. 329

P. O. Address Newburg

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.