

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31650  
STATE FILE NUMBER

FILED SEP 6 1957

Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <b>Iron</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Reynolds</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kaolin Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Centerville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bellevue 5 miles west of Kaolin</b> Length of stay in 1b <b>45 days</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>HENRY</b> Last <b>GUINN</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>26,</b> Year <b>1957</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 5, 1873</b>
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>21</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>janitor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public Schools</b>	11. BIRTHPLACE (City and state or country) <b>Callaway County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>George Washington Guinn</b>	
14. MOTHER'S MAIDEN NAME <b>Rebecca Hale</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>499-03-6465</b>		17. INFORMANT <b>Mr William Guinn, Centerville, Mo</b> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral aneurysm</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>hypertension</b> DUE TO (c) <b>coronary thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b> <b>1 month</b> <b>1 month</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a. m. <b></b> p. m. <b></b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>5:35 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>George M. Sisson, D.D.</b> (Degree or title)		22b. ADDRESS <b>211 E. High St., Mo.</b>	22c. DATE SIGNED <b>9/12/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Aug. 28, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Centerville Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Centerville, Mo.</b>
24. FUNERAL DIRECTOR <b>White Funeral Home, Ironton, Mo.</b> Address		25. DATE RECD. BY LOCAL REG. <b>Sept. 4-1957</b>	26. REGISTRAR'S SIGNATURE <b>Elizabeth Logan</b>

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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms must be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

*Analy White*

(Licensed Embalmer's Statement on Reverse Side)

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 *Lyle H. White* .....  
Licensed Embalmer No. 4295

P. O. Address Ironton, .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.