

FILED MAY 7 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012258

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5077 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charlotte Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Butler Mo. RT #478
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION FFD #4 Butler		Length of stay in 1b 40 yrs.	d. STREET ADDRESS (If outside, give location) Charlotte Twp.
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) EZRA A McGUIRE			4. DATE OF DEATH Month Apr. Day 30 Year 1959		
---	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 26 1892	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Min. _____
-----------------------	----------------------------------	---	---	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired.	10b. KIND OF BUSINESS OR INDUSTRY general farming	11. BIRTHPLACE (City and state or country) Morgan Co Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	--

13a. FATHER'S NAME Andy T McGuire	13b. MOTHER'S MAIDEN NAME Sarah Havens	14. NAME OF HUSBAND OR WIFE Pearl McQuinn
---	--	---

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. 495-42-5207	17. INFORMANT Pearl McGuire Address: FFD #4 Butler Mo
---	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) left side heart failure	48 hours
	DUE TO (c) massive gastric hemorrhage	3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) metastasis of papillary adenocarcinoma of Cecum 1530		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 _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 January 10th 58 to April 29th 59 and last saw him alive on April 29-1959 Death occurred at 6:05 AM on the date stated above; and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE (Degree or title) L. S. Lottner, M.D.	22b. ADDRESS Butler Missouri	22c. DATE SIGNED Apr: 30-59
--	--	---------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/3/59	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	23d. LOCATION (City, town, or county) (State) Butler Missouri
--	----------------------------	---	---

24. FUNERAL DIRECTOR Culver Underwood Butler Mo.	25. DATE RECD. BY LOCAL REG. May 3-1959	26. REGISTRAR'S SIGNATURE Rendall Kury
--	---	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

00

57

THIS INFORMATION IS NOT TO BE REPRODUCED WITHOUT PERMISSION

AUG 4 1959

MAY 12 1958

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

Signature *Robert S. Stembel*

Licensed Embalmer No. 4657
P. O. Address Butler Missouri

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.