

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036849

FILED VS OCT 21 1959

Registration District No. 195 Primary Registration District No. Registrar's No. 86-59 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lanagan		Length of stay in 1b 16 mos	c. CITY OR TOWN Anderson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lanagan Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS - (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Sarah Middle Elaine Last Guenther			4. DATE OF DEATH Month October Day 15 Year 1959			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-3-1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY no	11. BIRTHPLACE (City and state or country) Mt. Carroll, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Edward Tucky		13b. MOTHER'S MAIDEN NAME Adelaid Rose		14. NAME OF HUSBAND OR WIFE Unkown		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. *-	17. INFORMANT Jack Hatch	Address St. Charles, Ill.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Anoxia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Vascular Accident	
	DUE TO (c) Atherosclerosis & Senility	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from 9-1-59 to 10-15-59 and last saw her alive on 10-14-59 Death occurred at 11:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>W. H. [Signature]</i>	22b. ADDRESS Pineville, Mo.	22c. DATE SIGNED 10-19-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-17-1959	23c. NAME OF CEMETERY OR CREMATORY Morrison Cemetery	23d. LOCATION (City, town, or county) (State) Morrison, Ill.
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24. FUNERAL DIRECTOR Humphrey & Son	ADDRESS Pineville, Mo.	25. DATE RECD. BY LOCAL REG. 10-16-1959	26. REGISTRAR'S SIGNATURE <i>Mary A. Bradley</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Maguire E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Pineville,

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.

JAN 22 1960