

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016274

FILED VS MAY 2 1960

261

4379

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STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Clearmont</b>		Length of stay in 1b <b>60 yrs</b>	c. CITY OR TOWN <b>Clearmont</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>Wallin Nursing Home</b>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 Middle Last <b>GEORGE FRANKLIN GUYNN</b>			4. DATE OF DEATH Month Day Year <b>4 21 1960</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7.2.1878</b>	9. AGE (last birthday) <b>81</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Maryville, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Francis Guynn</b>	13b. MOTHER'S MAIDEN NAME <b>Unity Ellen Lefler</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Surilda Annie Guynn</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT Address <b>Mrs Surilde Annie Guynn, Clearmont, Mo.</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<b>Bronchopneumonia - bilateral</b>	<b>5 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cerebral thromboses</b>	<b>5 day</b>
	DUE TO (c) <b>Cerebral Arteriosclerosis</b>	<b>Sec. yrs.</b>
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 <b>April 20 - 1960</b> to <b>April 21 - 60</b> and last saw him alive on <b>April 21 - 1960</b> Death occurred at <b>7:25 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>James L. Holt</b>	22b. ADDRESS <b>Clearmont, Mo</b>	22c. DATE SIGNED <b>4/24-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/25/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Clearmont Cemetery</b>	23d. LOCATION (City, town, or county) <b>Clearmont, Mo.</b>
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24. FUNERAL DIRECTOR <b>Arthur J. Sumner</b>	25. DATE RECD. BY LOCAL REG. <b>4-24-60</b>	26. REGISTRAR'S SIGNATURE <b>Leas Holt</b>
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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 George W. Alderson Jr. Student Embalmer No. 100

working under my personal supervision.

Student George W. Alderson Jr. Signed G. W. Alderson  
Signature of Student Embalmer

Licensed Embalmer No. 2279

P. O. Address Marysville

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, the also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.