

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025490

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 16a

FILED JUN 25 1963

Boat Gun
 1 0928
 2 0928
 3
 4 0
 5 p
 6
 7 1
 8 2
 9 99298
 10 42
 11 092
 12 92-3
 13 50

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
 OR
 TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> , Missouri			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Charles</u>		Length of stay in 1b <u>DOA</u>	c. CITY OR TOWN <u>Rural-St. Charles Twsp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 1 South Shore</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clyde Guethle Jr.</u>			4. DATE OF DEATH Month Day Year <u>June 18, 1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-26-48</u>	9. AGE (last birthday) <u>14</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Highschool</u>	11. BIRTHPLACE (City and state or country) <u>Salem, Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Clyde Guethle</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Wimberly</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT Address <u>Clyde Guethle, Sr. St. Charles Co</u>	
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) <u>Drowning</u>					<u>min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Falling off floating barrel.</u>					
DUE TO (c) _____					
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 checked="" 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.) <u>Victim was fishing standing on top of floating barrel, cast his line, lost balance and fell into water, feet caught in line.</u>			
20c. TIME OF INJURY Hour <u>8:45</u> Month, Day, Year <u>6-18-63</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Dardenne Slough</u>	20f. CITY, TOWN, OR LOCATION <u>St. Charles, Twsp, St. Charles Co. M</u>	COUNTY	STATE
21. I attended the deceased from <u>held view</u> , to <u>June 18, '63</u> and last saw her <u>him</u> alive on _____ Death occurred at <u>10:30 p.</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title) Coroner		22b. ADDRESS <u>12 Cunningham Ct. St. Charles Mo.</u>		22c. DATE SIGNED <u>6-19-63</u>	
23a. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cemetery</u>		23b. LOCATION (City, town, or county) <u>Salem, Illinois</u>		23c. STATE <u>(State)</u>	
24. FUNERAL DIRECTOR <u>McMackin Funeral</u>		ADDRESS <u>Sales, Illinois</u>		25. DATE RECD. BY LOCAL REG. <u>June 19-1963</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		27. MABEL ZIMMERMANN (Dep)			

(Licensed Embalmer's Statement on Reverse Side)

JUN 27 1963

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: Connie R. Pickering

Licensed Embalmer No. 5189

P. O. Address St. Charles, Mo.

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.