

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-027873**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 74

STATE FILE NUMBER

**FILED AUG 6 1963**

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Albany</b>		c. CITY OR TOWN <b>Albany</b>	
Length of stay in 1b <b>lifetime</b>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>205 N. East St.</b>	
Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. NAME OF DECEASED (Type or print) <b>JOHN H. GUESS</b>			4. DATE OF DEATH <b>August 2, 1963</b>			
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>11/8/'80</b>		9. AGE (last birthday) <b>82</b>		10. IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>real estate broker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>real estate</b>		11. BIRTHPLACE (City and state or country) <b>Gentry County, Mo.</b>		
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>Peter Guess</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Guess</b>		
14. NAME OF HUSBAND OR WIFE <b>Nellie Stewart</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>unknown</b>		16. SOCIAL SECURITY NO. <input type="checkbox"/> (If yes, give war or dates of serv)		
17. INFORMANT <b>Mrs. Nellie Stewart Guess</b>		18. ADDRESS <b>Albany, Mo.</b>		19. INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>		

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **acute heart failure**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **arrhythmia of the heart**

DUE TO (c) **less coronary occlusion**

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.  
 Yes  No  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.)	
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	

21. I attended the deceased from 9/1/62 to 8/2/63 and last saw him alive on 8/2/63

Death occurred at 7:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Demi Parsons M.D.</i> (Degree or title)		22b. ADDRESS <b>Albany, Mo.</b>		22c. DATE SIGNED <b>8/3/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>Aug. 5, 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Grnadview</b>	
23d. LOCATION (City, town, or county) <b>Albany</b>		STATE <b>Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>8-3-'63</b>	

24. FUNERAL DIRECTOR **Brooks-Cochell Funeral Home** ADDRESS **Albany, Mo.**

26. REGISTRAR'S SIGNATURE *Mrs. L. W. Bare*

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DATE AMENDED		DOCUMENT
	1	0380	
	2	0380	
	3	2	
	4	0	
	5	1	
	6		
	7	0	
	8	2	
	9	94201	
	10		
	11		
	12	1-0	
13	1-0		
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	

USE BLACK INK OR TYPEWRITER RIBBON

47

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need  
8-3-63

AUG 16 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 ME, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald E Coakley

Licensed Embalmer No. 4868

P. O. Address Albany, 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.

*[Handwritten scribbles and illegible text at the bottom of the page]*