

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050957

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 281 Primary Registration District No. 80283 Registrar's No. 12

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0740

2 0745

3

4 0

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9 X

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11 074

12 91-0

13 1-0

DATE AMENDED

2-20-64

2-20-64

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Victor C. Guymon

No

ITEM NO. SHOULD READ

13a Victor F. Guymon

15 Yes- 12-16-58 to present

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>US. # 71 &amp; 75 miles N. Maryville, Mo.</u>		Length of stay in 1b	c. CITY OR TOWN <u>Maryville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT a hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits 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 <u>Victor C. Guymon</u>		4. DATE OF DEATH Month Day Year <u>12-31-63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-10-41</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City Mo.</u>	9. AGE (last birthday) <u>22</u>
13a. FATHER'S NAME <u>Victor C. Guymon Sr.</u>		14. NAME OF HUSBAND OR WIFE <u>Marilyn Guymon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes 7-12-16-58 to present</u>		17. INFORMANT <u>Victor Guymon Bethany Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain Laceration</u> DUE TO (b) <u>Fractured skull + facial bones</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fractured cervical spine</u>			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>Driver of Automobile which was in accident</u>	
20c. TIME OF INJURY <u>11:50 p.m.</u>	Month, Day, Year <u>12-31-63</u>		
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>75 miles N. Maryville, Mo.</u>	20f. CITY, TOWN, OR LOCATION <u>Maryville</u>	COUNTY <u>Nodaway</u>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>11:50 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B. P. Byland M.D.</u>		22b. ADDRESS <u>Maryville Mo</u>	22c. DATE SIGNED <u>1/2/64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-3-64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>	23d. LOCATION (City, town, or county) (State) <u>Bethany Mo</u>
24. FUNERAL DIRECTOR <u>Bethany Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1 14 64</u>	26. REGISTRAR'S SIGNATURE <u>Bess Bolt</u>

JAN 23 1964

APR 10 1964

2-20-64

**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 \_\_\_\_\_

*M B Haas*

Licensed Embalmer No. 3899

P. O. Address Bethany 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.