

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0032383

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 286

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (if outside corporate limits, give TOWNSHIP only) Bonne Terre		c. CITY OR TOWN Bonne Terre	
c. FULL NAME OF (if NOT in hospital, give location) Bonne Terre Hospital		d. STREET ADDRESS (if outside, give location) 314 S. B St.	

3. NAME OF DECEASED (Type or print) PAUL IRVING GUYTON			4. DATE OF DEATH Month August Day 27 Year 1967		
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 2/25/1901	9. AGE (last birthday) 66	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) Laborer, Retired			11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.		
12. CITIZEN OF WHAT COUNTRY US.					
13a. FATHER'S NAME James Irving Guyton		13b. MOTHER'S MAIDEN NAME Annie Maddern		14. NAME OF HUSBAND OR WIFE Hazel Mund Guyton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 490-03-6896		
17. INFORMANT Mrs Hazel Guyton, Bonne Terre, Mo.			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 hemorrhage DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Far advanced alcoholic cirrhosis.		

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒			20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		
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 ☐ NOT WHILE AT WORK ☐			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 Sept. 1, 1965 to Dec. 19, 1966 and last saw him alive on Dec. 19, 1966 Death occurred at 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) [Signature]		
22b. ADDRESS Bonne Terre, Missouri		
22c. DATE SIGNED 8-29-67		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/29/1967	23c. NAME OF CEMETERY OR CREMATORY Marvins Chapel Cemetery, Bonne Terre, Missouri
23d. LOCATION (City, town, or county) (State) RFD#1 Missouri		
24. FUNERAL DIRECTOR Sparks Funeral Home, Bonne Terre		
25. DATE RECD. BY LOCAL REG. Aug. 29, 1967		
26. REGISTRAR'S SIGNATURE [Signature]		

Mo. (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SEP 13 1967

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

Eugene G. Paul

Licensed Embalmer No. 5403

P. O. Address Bonne Terre, 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.