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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34507

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 344

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, write RURAL and give township) OR TOWN BONNE TERRE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE 0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION 12 So. Dover		d. STREET ADDRESS (If rural, give location) 12 So. Dover	

3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE b. (Middle) GUYTON c. (Last) BURR			4. DATE OF DEATH (Month) (Day) (Year) OCT. 17, 1950		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH SEPT. 14, 1881		9. AGE (In years: last birthday) 69		10. IF UNDER 1 YEAR: Months 1 Days 3 Hours 0 Mins. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) EAST BONNE TERRE MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13. FATHER'S NAME JOHN W. GUYTON		13b. MOTHER'S M maiden NAME MARY JANE BOARER		14. NAME OF HUSBAND OR WIFE ELZA BURR	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ELZA BURR BONNE TERRE MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumo. pneumonia		ANTECEDENT CAUSES			3 d	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____				
		DUE TO (c) _____			1191X	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. arterio-sclerotic psychosis				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 1950, to Oct 17, 1950, that I last saw the deceased alive on 10-16, 1950, and that death occurred at LIBA m., from the causes and on the date stated above.

23a. SIGNATURE N.C. Gaebe, M.D. (Degree or title)		23b. ADDRESS Dealeys, Mo.		23c. DATE SIGNED 10-18-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 19, 1950		24c. NAME OF CEMETERY OR CREMATORY ST. FRANCOIS MEMORIAL		24d. LOCATION (City, town, or county) (State) BONNE TERRE MO	
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DATE REC'D BY LOCAL REG. Oct 20, 1950		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berhana Hall, Bonne Terre Mo	
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File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 23 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Charles J. Raywell

Signed.....
Student Embalmer

Licensed Embalmer No. *3706*

P. O. Address *Camden, New Jersey*

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 this body is not embalmed, fact should be so stated above.