

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4857

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>652</u>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Kansas City, Mo.</b>		c. LENGTH OF STAY (in this place) <b>3 wks</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence, Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>1824 Crescent</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osteopathic Hosp. 11 &amp; Har.</b>							
3. NAME OF DECEASED (Type or Print) <b>MARY</b>		a. (First)		b. (Middle) <b>DAVIS</b>		c. (Last) <b>GUYTON</b>	
4. DATE OF DEATH <b>Feb. 10, 1950</b>		4. DATE (Month) (Day) (Year)					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 19, 1894</b>	
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Days		IF UNDER 1 HR. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Independence, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Thomas C. Carr</b>		13b. MOTHER'S MAIDEN NAME <b>Cora Eubank Carr</b>		14. NAME OF HUSBAND OR WIFE <b>Roy A. Guyton</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If <b>NO</b> give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Roy A. Guyton Indep. Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepatic Cirrhosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Glomerulo-Nephritis</b>						5 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <u>Sept. 5, 1949</u> to <u>Feb. 10, 1950</u> , that I last saw the deceased alive on <u>Feb. 10, 1950</u> and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE: <b>P. M. Agee</b> (Sign) (Degree or title)				23b. ADDRESS <b>Independence, Mo</b>		23c. DATE SIGNED <b>2-13-50</b>	
24a. BURIAL CREMATION (REMOVAL) (Specify)		24b. DATE <b>Feb. 14, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>		24d. LOCATION (City, town, or county) (State) <b>Independence Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-13-50</b>		REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Mitchell Indep. Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DISTRICT OF COLUMBIA  
 OFFICE OF THE STATE EMBALMER  
 1100 PENNSYLVANIA AVENUE, N.W.  
 WASHINGTON, D.C. 20004  
 TEL: (202) 725-3000  
 FAX: (202) 725-3000

**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 \_\_\_\_\_  
Student Embalmer

Signed Henry A. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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 this body is not embalmed, fact should be so stated above.