

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **32990**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **3013** Registrar's No. **70**

0241  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>North Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>North Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>8 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1200 Clay</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1200 Clay</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Leonard</b> c. (Last) <b>Guilkey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 21 50</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Oct. 12, 1880</b>		9. AGE (In years last birthday) <b>70</b>		10. IF UNDER 1 YEAR Months <b>0</b> Days <b>9</b>	
11. BIRTHPLACE (State or foreign country) <b>0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Night watchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Davis Paint Co</b>		11. BIRTHPLACE (State or foreign country) <b>Dawless County, Missouri</b>	

13a. FATHER'S NAME <b>Richard Guilkey</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Jane Cain</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret Guilkey North K. C.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-14-6676</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Margaret Guilkey North Kansas City</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>42057</b>	

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)		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. F. M. Chamber</b>		23b. ADDRESS <b>North Kansas City Mo.</b>		23c. DATE SIGNED <b>10/23/50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-23-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Barnesville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Excelsior Springs, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Oct 23 - 58</b>		REGISTRAR'S SIGNATURE <b>Beulah Kitchener</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D. W. Newcomer's Sons North Kansas City.</b>	
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**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. 393

Signed John K. Henick, Jr.  
Student Embalmer

Signed Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address Quindale, 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.