110.300
10.48

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

FILED MAY 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12367

BIRTH NO. _____ REG. DIST. NO. 071 PRIMARY REG. DIST. NO. 3012 Registrar's No. 64

342
0

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs, Mo.
c. LENGTH OF STAY (In this place): 2 mo. 1 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital Excelsior Springs, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3498
d. STREET ADDRESS (If rural, give location): 3263 Warwick

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): P.
c. (Last): Guest

4. DATE OF DEATH (Month) (Day) (Year): April 21, 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 22, 1895

9. AGE (In years last birthday): 56
If under 1 year: Months / Days
If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Unemployed

11. BIRTHPLACE (State or foreign country): Ryan, Oklahoma

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Franklin Guest

13b. MOTHER'S MAIDEN NAME: Mittie McReynolds

14. NAME OF HUSBAND OR WIFE: Myrtle Anne Guest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 486096385

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Hospital Records, Veterans Administration Hospital, Excelsior Springs, Missouri

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) Tuberculosis, pulmonary, chronic, far advanced, active — INTERVAL BETWEEN ONSET AND DEATH: Unknown

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.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

002X

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: --

22. *I hereby certify that I attended the deceased from* Feb. 21, 19 52, *to* Apr. 21, 1952, ~~[illegible]~~, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

VA

23a. SIGNATURE: Roy K. Smith M.D. (Degree or title)

23b. ADDRESS: Excelsior Springs, Missouri

23c. DATE SIGNED: 4-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4-21-52

24c. NAME OF CEMETERY OR CREMATORY: UNION CEMETERY

24d. LOCATION (City, town, or county) (State): Unknown Kansas City Mo.

DATE REC'D BY LOCAL REG.: 4/21/52

REGISTRAR'S SIGNATURE: Caroline Hutchings

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Quick Funeral Home 20 W Linwood

(Licensed Embalmer's Statement on Reverse Side)

JUL 15 1953

JUN 15 1953

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, ~~only~~ ....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Forrest D. Coldsnow

Licensed Embalmer No. 4714

P. O. Address Kansas City, 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.