

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20465****2704**BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LAFAYETTE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 8 Mos.		c. CITY (If outside corporate limits, write RURAL and give township) HIGGINSVILLE, MO. 0541		d. STREET ADDRESS (If rural, give location) HIGGINSVILLE, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 327 N. DRURY							
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) LOUISE c. (Last) GUARD			4. DATE OF DEATH (Month) (Day) (Year) 6-10-52				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2		8. DATE OF BIRTH JUNE 20, 1865		9. AGE (In years last birthday) 86 if UNDER 1 YEAR: Months _____ Days _____ if UNDER 1 MIN. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) INDIANA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME A. EDMUND SMITH			13b. MOTHER'S MAIDEN NAME NANCEY BRADLEY			14. NAME OF HUSBAND OR WIFE LUTHER GUARD	
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. NO		17. INFORMANT'S SIGNATURE OR NAME ANNA LEE WRZECIONA- 327 N. DRURY		ADDRESS	
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 1 year	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis				5 years	
		DUE TO (c)					
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				11200	
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 Feb 4, 1952 , to June 10, 1952 , that I last saw the deceased alive on June 4, 1952 , and that death occurred at 7:45 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE C. W. Rose (Degree or title) MD				23b. ADDRESS 103 W. Edgewood Kansas City 960		23c. DATE SIGNED June 12 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 6-11-52		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) HIGGINSVILLE, MO.	
DATE REC'D BY LOCAL REG. 6-14-52		REGISTRAR'S SIGNATURE Steldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE SPINE & MC CLURE, KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr M. O. ...
103 N. ...
132 4-191

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 L. D. Walton

Signed
Student Embalmer

Licensed Embalmer No. 2744

P. O. Address Ke md

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.