

V. S. No. 309  
REV. 10-1-53

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1729**  
REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **62**

FILED FEB 13 1953  
BIRTH NO.

7005

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

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 township) OR TOWN <b>INDEPENDENCE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>INDEPENDENCE</b>	
c. LENGTH OF STAY (In this place) <b>33 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>703 E. KANSAS</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1400 N. RIVER</b>			

3. NAME OF DECEASED (Type or Print) <b>CORA</b>	a. (First)	b. (Middle) <b>MALISSA</b>	c. (Last) <b>MC GUIRE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 6 1953</b>
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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>14 OCT. 1876</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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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 <b>HOUSEWIFE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>EDNA, KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ARCHIMEDES BERRY</b>	13b. MOTHER'S MAIDEN NAME <b>KEZIA JANE SMITH</b>	14. NAME OF HUSBAND OR WIFE <b>HARRY MC GUIRE</b>
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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>X X X X X X X X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>A. B. MC GUIRE</b>	ADDRESS <b>9515 E. 32. INDP. MO.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>			<b>unknown</b>
	DUE TO (c) <b>Arteriosclerosis</b>			<b>unknown</b>
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 <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <b>JACKSON MISSOURI MO.</b>
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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?
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22. I hereby certify that I attended the deceased from **July 1951**, to **6 Feb 1953**, that I last saw the deceased alive on **3 Feb 1953**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. Saunders M.D.</b>	23b. ADDRESS <b>Independence</b>	23c. DATE SIGNED <b>2/6/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB. 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON</b>	24d. LOCATION (City, town, or county) (State) <b>Jackson County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-8-53</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>FLORAL HILLS MEMORIAL CHAPELS K.C. MO.</b>
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*121 1/2 W Lexington*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Lloyd C McCord*

Licensed Embalmer No. *4853*

P. O. Address *K.C. 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.