

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24831**
Registrar's No. **3680**

FILED AUG 13 1953

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3680	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 9 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2508 East 14th Street				e. STREET ADDRESS (If rural, give location) 2508 East 14th Street 2258			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle)		c. (Last) Guthrie, Jr.		4. DATE OF DEATH (Month) (Day) (Year) 7 26 53	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-7-1903	
9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months 7 Days 19		IF UNDER 24 HRS. Hours 19 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender		10b. KIND OF BUSINESS OR INDUSTRY Topper Tavern		11. BIRTHPLACE (City and State or Foreign Country) Benton County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John W. Guthrie			13b. MOTHER'S MAIDEN NAME *Vivian Mary Robertson			14. NAME OF HUSBAND OR WIFE Vivian Guthrie	
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. 500-10-6892		17. INFORMANT'S SIGNATURE OR NAME Vivian R. Guthrie		ADDRESS 2508 East 14th Street	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CIRRHOSIS of LIVER - Nutritional ANTECEDENT CAUSES Esophageal + anal Hemorrhages DUE TO (b) Ascites - Immediate cause of death - Shock from bleeding DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Jauddice -				INTERVAL BETWEEN ONSET AND DEATH 5810	
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) No		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 46 to 7-26 , 19 53 that I last saw the deceased approx. 7-12, 1953 , and that death occurred at 9:49 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE W. A. Myers (Degree or title) 0				23b. ADDRESS 1115 Grand Ave. City, Mo.		23c. DATE SIGNED 7-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-26-53		24c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery		24d. LOCATION (City, town, or county) (State) Clinton, Missouri	
DATE REC'D BY LOCAL REG. 7-26-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE 'Wilkinson Funeral Home		ADDRESS Clinton, Mo.	

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

AUG 18 1953

APR 13 1954

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.....
Signature of Student Embalmer

Signed.....
Arthur Eugene Hook

Licensed Embalmer No. *4912*

P. O. Address *KC, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.