

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25334**

**FILED JUL 16 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5568** Registrar's No. **279**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b> <i>(Rural Blue)</i> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> c. LENGTH OF STAY (In this place) <b>2 months</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8903 Smart Street</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> <i>Rural Blue</i> d. STREET ADDRESS (If rural, give location) <b>8903 Smart Street</b> <i>7000</i>	
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<b>3. NAME OF DECEASED</b> a. (First) <b>Mary</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>GUFFEY</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 5, 1953</b>			
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Aug. 28, 1872</b>	<b>9. AGE</b> (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Selfemployed</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Shirley, Arkansas</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>

<b>13a. FATHER'S NAME</b> <b>James B. Fortner</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Martha</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>John Guffey</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Floyd Guffey, 8903 Smart Kansas city, Mo.</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <i>Cerebral Thrombosis (Stroke)</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>Senility</i>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>36 hrs</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <i>332 X</i>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from July 4, 1953, to July 5, 1953, that I last saw the deceased alive on July 5, 1953, and that death occurred at 2:00 P.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>[Signature]</i>	<b>23b. ADDRESS</b> <i>1210 Oak, Independence, Mo.</i>	<b>23c. DATE SIGNED</b> <b>7-6-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>July 7, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Floral Hills Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kansas City, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>7-7-53</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Geo. C. Carson</b> <b>Geo. C. Carson Funeral Home, Indep. Mo.</b>
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(Licensed Embalmers Statement on Reverse Side)

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

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 Dean W. Huff.....

Licensed Embalmer No. 4914.....

P. O. Address Independence, 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.