

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26399**
3718

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 Jackson			
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (In this place) 51 Yrs.		c. CITY OR TOWN Kansas City		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Hospital # 1				STREET ADDRESS (If rural, give location) 2922 Norton				3368			
3. NAME OF DECEASED (Type or Print) a. (First) GUY			b. (Middle) D		c. (Last) PELSOR		4. DATE OF DEATH (Month) (Day) (Year) 8-21-55				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH 2-17-95		9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blocker			10b. KIND OF BUSINESS OR INDUSTRY Missouri Uniform Co.			11. BIRTHPLACE (City and State or Foreign Country) Butler Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Mardon Pelsor			13b. MOTHER'S MAIDEN NAME Emma Mc Bee			14. NAME OF HUSBAND OR WIFE Single					
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. None 496-01-1506		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys Kessinger 2922 Norton Ave.						
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma with metastases 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.						INTERVAL BETWEEN ONSET AND DEATH 1621	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 <u>June 27</u> , 19 <u>55</u> , to <u>Aug 21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 21</u> , 19 <u>55</u> , and that death occurred at <u>4:05 a m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE B.I. Burns (Degree or title) D.					23b. ADDRESS 24th & Cherry			23c. DATE SIGNED 8-21-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/23/55	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem.			24d. LOCATION (City, town, or county) (State) Kansas City, Missouri					
DATE REC'D BY LOCAL REG. 8-23-55		REGISTRAR'S SIGNATURE Neva Minchall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons Kansas City, Missouri						

(Licensed Embalmer's 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.....
Signature of Student Embalmer

Signed *John B. [Signature]*
Licensed Embalmer No. 295

P. O. Address 1810 [Signature]

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.