

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19584**
5781

FILED JAN 11 1956

| | | | | | | | | |
|---|--|---|--|--|-------------|---|--------------------------|--|
| 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 OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 6 1/2 yrs. | | c. CITY OR TOWN Kansas City | | d. 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 6010 Wyandotte | | | | e. STREET ADDRESS (If rural, give location) 6010 Wyandotte | | | | |
| 3. NAME OF DECEASED (Type or Print) JOSEPH | | | a. (First) A. | | b. (Middle) | | c. (Last) GUTHRIE | |
| 4. DATE OF DEATH Dec. 27, 1955 | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH Oct. 20, 1868 | | 9. AGE (in years) 87 | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Circuit Court Judge | | 10b. KIND OF BUSINESS OR INDUSTRY Law | | |
| 11. BIRTHPLACE (City and State or Foreign Country) Midway, Woodford County, Kentucky | | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | | |
| 13a. FATHER'S NAME Joseph A. Guthrie | | | 13b. MOTHER'S MAIDEN NAME Margaret Harris | | | 14. NAME OF HUSBAND OR WIFE Corinna S. Guthrie | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. John W. Carroll | | | | |
| 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) myocardial infarction | | | | INTERVAL BETWEEN ONSET AND DEATH immediate | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary arteriosclerosis yes | | | | yes | | |
| | | DUE TO (c) | | | | yes | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute aneurysm | | | | yes | | |
| 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 <u>Jan</u> , 19 <u>55</u> , to <u>12-27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12/23</u> , 19 <u>55</u> , and that death occurred at <u>5:45 P.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE James R. McVay Jr. (Degree or title) MD | | | | 23b. ADDRESS 514 VFW Bldg. | | 23c. DATE SIGNED 12/28/55 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12/29/55 | | 24c. NAME OF CEMETERY OR CREMATORY Forest Hill | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | |
| DATE REC'D BY LOCAL REG. 12-29-55 | | REGISTRAR'S SIGNATURE Reva Marshall | | 25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO. | | ADDRESS K.C. MO. | | |

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

Dr. James R. McVay, Jr.

Exp. 5:45

Foster Bldg.

Va 1-5800

2 to 5 today

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 *Elmer D. Lupton*.....

Licensed Embalmer No. *4817*

P. O. Address *Kansas City*

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.