

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1956

State File No. **23842**

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 002		Registrar's No. 2807	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho b. COUNTY ada			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 1 Day		c. CITY OR TOWN Boise		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 6623 Forest				e. STREET ADDRESS (If rural, give location) 2903 Tamarack Dr. 8110			
3. NAME OF DECEASED (Type or Print) a. (First) Edith		b. (Middle) V.		c. (Last) Mc Guire		4. DATE OF DEATH (Month) (Day) (Year) June 26, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 19, 1883		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME D.E. Wray		13b. MOTHER'S MAIDEN NAME Katie Peterson		14. NAME OF HUSBAND OR WIFE George Mc Guire			
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 Edna Walker		ADDRESS 3533 Benton K.C. Mo.	
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) nerve exhaustion DUE TO (c) over work II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 hours	
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 6/26 , 19 56 , to 6/26 , 19 56 , that I last saw the deceased alive on 6/26 , 19 56 , and that death occurred at 1:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J.W. Grauerholz M.D. (Degree or title) ³				23b. ADDRESS 3527 Broadway K.C. Mo.		23c. DATE SIGNED 6/27-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/28/56	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Boise Idaho		
DATE REC'D BY LOCAL REG. 6-27-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stine & Mc Clure Und. Co. K.C. Mo.			

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

J. W. Grauerholz

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 *Ethel D. Tipton*

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.