

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8693**

FILED MAR 20 1957

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1021	
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) Kansas City		c. LENGTH OF STAY (in this place) 40 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 Research Hospital				e. STREET ADDRESS (If rural, give location) 4619 Jefferson			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) WASHINGTON c. (Last) GURNEA			4. DATE OF DEATH (Month) (Day) (Year) Mar. 4, 1957				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 27, 1877	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) District Rep. Macwhyte Wire Co.			10b. KIND OF BUSINESS OR INDUSTRY Wire Co.		11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME George W. Gurnea			13b. MOTHER'S MAIDEN NAME Harriet Smith			14. NAME OF HUSBAND OR WIFE Cleda Frances Gurnea	
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. 390-03-4660		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cleda Gurnea 4619 Jefferson			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia - Renal Insufficiency INTERVAL BETWEEN ONSET AND DEATH 2 weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Cancer of the Liver 2 months DUE TO (c) Diffuse Hepatitis & Hemolysis serum jaundice 2 months II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholemia - 1954 2 weeks					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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 Jan. 20, 1955 , to March 4, 1957 , that I last saw the deceased alive on March 4, 1957 , and that death occurred at 4:20 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE Graham Asher (Degree or title) md				23b. ADDRESS 1220 Professional Bldg. Kansas City, Mo.		23c. DATE SIGNED 3-5-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 6, 1957		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 3-5-57		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stine & McClure Ind. Co. Kans. City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Graham Asher & Stephen
Pruff Bldg. 1-30
1720

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 *J. S. Walton*.....

Licensed Embalmer No. *2744*

P. O. Address *K. C. Mc*

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.