

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13151

STATE FILE NUMBER

1625

FILED APR 25 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1625

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, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6010 Wyandotte			Length of stay in lb <u>65 yrs.</u>	d. STREET ADDRESS (If outside, give location) 6010 Wyandotte			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) <div style="display: flex; justify-content: space-around;"> First Middle Last </div> CORINNA GUTHRIE				4. DATE OF DEATH <div style="display: flex; justify-content: space-around;"> Month Day Year </div> April 5 1957							
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 18, 1878		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Louisville, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Robert S. Shreve				14. MOTHER'S MAIDEN NAME Grace McGowan							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. John G. Carroll - 6846 Locust							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>old cerebral thrombosis</u>								INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u> <u>4201</u>			
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>11-30-1950</u> to <u>4-5-57</u> and last saw her alive on <u>3-4-57</u> Death occurred at <u>1130</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>			
22a. SIGNATURE (Degree or title) <u>James R. McVay, M.D.</u>				22b. ADDRESS <u>814 V.F.W. Bldg.</u>			22c. DATE SIGNED <u>4/6/57</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/9/1957		23c. NAME OF CEMETERY OR CREMATORY Forest Hill		23d. LOCATION (City, town or county) (State) Kansas City, Missouri					
24. FUNERAL DIRECTOR ADDRESS Stine & McClure - Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. <u>4-8-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>					

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare
Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
James R. McVay Jr.

MEDICAL CERTIFICATION

A-1-5800



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 Ethno D. Zupick

Licensed Embalmer No. 4817

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F. 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.