

THE DIVISION OF HEALTH AND HUMAN SERVICES  
STANDARD CERTIFICATE OF DEATH

16515

FILED JUN 10 1957

STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 66

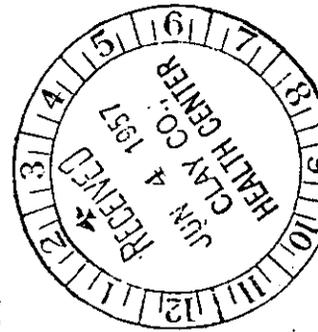
|   |                                  |   |  |  |   |
|---|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CLAY</u>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>LIBERTY</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>   | c. CITY OR TOWN <u>KANSAS CITY</u>   |  | 3548<br>0<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>L.O.O.F. HOSPITAL</u>   |                                  | Length of stay in 1b<br><u>2, WEEKS</u>   | d. STREET ADDRESS (If outside, give location)<br><u>3430, MICHIGAN, AVE.</u>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                        |
| 3. NAME OF DECEASED (Type or print)<br>First <u>LAURA</u> Middle <u>M.</u> Last <u>JACKSON</u>  |                                  |   | 4. DATE OF DEATH<br>Month <u>MAY</u> Day <u>28</u> Year <u>1957</u>  |  |   |
| 5. SEX<br><u>FEMALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>AUG. 19, 1869</u>   | 9. AGE (In years last birthday)<br><u>87</u>                                   | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSEWIFE</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>GAGE CO, NEB.</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |
| 13. FATHER'S NAME<br><u>WILLIAM S. GUFFY</u>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><u>ANN BROADBROOK</u>  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>NONE</u>  | 17. INFORMANT Address<br><u>MRS. MARION ARCHER, PARKVILLE, MO.</u>   |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Encephalomalacia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)<br><u>332x</u> |                                  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 weeks</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 _____<br>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>May 10</u> to <u>May 28</u> and last saw her alive on <u>May 28</u><br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>Clayton Gaudson</u>  |                                  |   | 22b. ADDRESS<br><u>Liberty mo</u>  |  | 22c. DATE SIGNED<br><u>May 30</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  | 23b. DATE<br><u>5/31/57</u>      | 23c. NAME OF CEMETERY OR CREMATORY<br><u>MOUNT MORIAH</u>   |  | 23d. LOCATION (City, town, or county) (State)<br><u>KANSAS CITY, MISSOURI.</u> |   |
| 24. FUNERAL DIRECTOR<br><u>D.W. NEWCOMERS,</u>  |                                  | ADDRESS<br><u>1331 Brush Creek Kansas City, MO.</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>6-1-57</u>                                  | 26. REGISTRAR'S SIGNATURE<br><u>Mabel Stratum</u>   |

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

JUN 11 1957



**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.....  
Licensed Embalmer No. 494

P. O. Address To Kans.

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.