

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

FILED DEC 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

91869-57 44382

STATE FILE NUMBER

14998 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5635

1. PLACE OF DEATH a. COUNTY Johnson JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
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 Mission
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Lukes Hospital		Length of stay in lb 5 Days	d. STREET ADDRESS 5609 Barkley
3. NAME OF DECEASED (Type or print) First Middle Last Allen Everett Guthrie			4. DATE OF DEATH Month Day Year Nov. 26, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 21, 1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min. 5
13. FATHER'S NAME Jack E. Guthrie		11. BIRTHPLACE (City and state or country) Missouri	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		14. MOTHER'S MAIDEN NAME Virginia Johnson	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Jack E. Guthrie Mission, Kans.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bilateral bronchopneumonia			7630
DUE TO (c)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)			
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 Nov. 21, 1957 to Nov. 26, 1957 and last saw ^{her} him alive on Nov. 26, 1957 Death occurred at 6:30 Pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert C. Fairchild, MD		22b. ADDRESS 5829 Woodson Rd., Mission, Mo	22c. DATE SIGNED 11-27-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 29, 1957	23c. NAME OF CEMETERY OR CREMATORY Antioch	23d. LOCATION (City, town, or county) (State) Overland Park Kansas
24. FUNERAL DIRECTOR ADDRESS J Royce Hoge Overland Park, Mo		25. DATE RECD. BY LOCAL REG. 11-28-57	26. REGISTRAR'S SIGNATURE Alva Minshel

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Robert C. Fairchild

Dr. Fairchild

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2

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. Rayce Hoge*

Licensed Embalmer No. *357*

P. O. Address *Osceola, Mo.*

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.