

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

44415

STATE FILE NUMBER

5910

FILED JAN 8 1958

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

V. S. 300
 Rev. 1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Platte</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Parkville</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Trinity Lutheran</i>		Length of stay in lb <i>6 da</i>	d. STREET ADDRESS (If outside, give location) <i>R70-1 Bx 376</i>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Rudolph Roy</i> Middle <i>Guffman</i> Last <i>Guffman</i>			4. DATE OF DEATH Month <i>Dec</i> Day <i>13</i> Year <i>1957</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 18, 1889</i>		9. AGE (In years last birthday) <i>68</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>General</i>		11. BIRTHPLACE (City and state or country) <i>St James Ohio</i>	
				12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	

13a. FATHER'S NAME <i>don't know</i>		13b. MOTHER'S MAIDEN NAME <i>don't know</i>		14. NAME OF HUSBAND OR WIFE <i>Emily Jane Guffman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year, dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i># 432-24-0658</i>		17. INFORMANT <i>Willie Roy Guffman</i> Address <i>Parkville Mo</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Adenocarcinoma prostate</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>177x</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 _____ a.m. _____ p.m. _____					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR 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	
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21. I attended the deceased from *3-24-55* to *12-12-57* and last saw ^{him} alive on *12-12-57*
 Death occurred at *2am 12-13-57* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>A. C. Thurman</i> (Degree or title) <i>MD</i>		22b. ADDRESS <i>1181st Parkville Mo</i>		22c. DATE SIGNED <i>12-13-57</i>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Dec 15-57</i>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <i>Noland</i>	
				23d. LOCATION (City, town, or county) (State) <i>Parkville Mo</i>	

24. FUNERAL DIRECTOR <i>Leland W Francis</i> Address <i>Parkville Mo</i>		25. DATE RECD. BY LOCAL REG. <i>12-14-57</i>		26. REGISTRAR'S SIGNATURE <i>Irene Minshall</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 H. C. Thurman

securing the medical certification in the specific manner required by 193.140 MOKS 1949.

Hoffman

Want 2 copies for Sears

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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, ~~by~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Leland G. Francis*

Licensed Embalmer No. *3451*
P. O. Address *Parkville*

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.