

FILED DEC 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44492

STATE FILE NUMBER

5622

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 528 Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Paseo Nursing Home		Length of stay in lb. 7 Mo. 50 yrs	d. STREET ADDRESS (If outside, give location) 3433 Paseo
3. NAME OF DECEASED (Type or print) GURA		First GURA Middle - Last METCALF	4. DATE OF DEATH Month 11 Day 27 Year 57
5. SEX fe	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 10-5-82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired stenographer		10b. KIND OF BUSINESS OR INDUSTRY stenographic	9. AGE (In years last birthday) 75 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) Burlington Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME DAVID METCALF		14. MOTHER'S MAIDEN NAME NANCY ELLIS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 514-05-0007	17. INFORMANT Address Raymond W Watkins, Herrington Ans.
18. CAUSE OF DEATH [Enter only one cause per line in (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) Hypertension - Arterial, not severe DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) Arteritic chronic rheumatoid nodules.			INTERVAL BETWEEN ONSET AND DEATH 2 yrs 2 yrs + 4200
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 _____ Month, Day, Year _____ 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 Jan 15, 1955 to Nov. 27, 1957 and last saw her alive on Nov. 5, 1957 Death occurred at 7:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) P. E. Pearson M.D.		22b. ADDRESS 1025 Riatta Bldg., K. City	22c. DATE SIGNED 11/27/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-27-57	23c. NAME OF CEMETERY OR CREMATORY Burlington Kans Cem.	23d. LOCATION (City, town, or county) (State) Burlington Kans
24. FUNERAL DIRECTOR ADDRESS WARNICK EADS. KANSAS CITY KANSAS.		25. DATE RECD. BY LOCAL REG. 11-27-57	26. REGISTRAR'S SIGNATURE neva minshall



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 *M. J. Swisher*

Licensed Embalmer No. *370*

P. O. Address *Peoria*

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.