

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025652
STATE FILE NUMBER
2910

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2910

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 Haytown 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 General Hospital #1		Length of stay in lb 60 yrs		STREET ADDRESS 3559 Haytown Rd.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Grover Middle C. Last Mc Guire				4. DATE OF DEATH Month 6 Day 5 Year 1958			
5. SEX M	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 14 1889		9. AGE (In years) 69	FUNDER YEAR Months 1 Days 9	IF UNDER 24 HRS. Hours 24 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired general		10b. KIND OF BUSINESS OR INDUSTRY Contractor		11. BIRTHPLACE (City and state or country) Plattsburg, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George A. Mc Guire			13b. MOTHER'S MAIDEN NAME Frances			14. NAME OF HUSBAND OR WIFE Blanche Mc Guire	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 508-22-0213		17. INFORMANT Address John W. Mc Guire 3559 Raytown Rd.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Perforated viscus with peritonitis						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) ruptured gastric ulcer.							
DUE TO (c) _____						5400.	
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"/> 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 6-3-58 to 6-5-58 and last saw him alive on 6-5-58 Death occurred at 8:55 P on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>B. I. Burns M.D.</i> (Degree or title)				22b. ADDRESS General Hospital No. 1		22c. DATE SIGNED 6-6-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 9 1958		23c. NAME OF CEMETERY OR CREMATORY Green Lawn		23d. LOCATION (City, town, or country) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Mrs C.L. Forster Funeral Home Inc.			25. DATE RECD. BY LOCAL REG. 6-9-58		26. REGISTRAR'S SIGNATURE <i>Anna Marshall</i>		

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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. D. [Signature]*
Licensed Embalmer No. *3599*
P. O. Address *[Signature]*

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.