

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009832  
STATE FILE NUMBER

FILED MAR 18 1959 Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Washington Twp</b> TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Hickman Mills</b> 7 050
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>11332 Orchard Dr</b>		Length of stay in lb <b>life</b>	d. STREET ADDRESS (If outside, give location) <b>11332 Orchard Dr</b>
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Fields</b> Last <b>Guthrie</b>			4. DATE OF DEATH Month <b>3</b> Day <b>15</b> Year <b>59</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED <input checked="" type="checkbox"/> <del>Never married</del> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-11-89</b>
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Staff</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Southwestern Bell Telephone Co.</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James Guthrie</b>	
13b. MOTHER'S MAIDEN NAME <b>Cora Kirk</b>		14. NAME OF HUSBAND OR WIFE <b>Elsie Scott Guthrie</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>Yes WW # 1</b>		16. SOCIAL SECURITY NO. <b>486 03 0297</b>	17. INFORMANT <b>Elsie S. Guthrie Hickman Mills, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Occlusion</b>			
DUE TO (c) <b>Auricular Fibrillation</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			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 a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <b>1:30 1950</b> to <b>1959</b> and last saw <b>him</b> alive on <b>3-15-59</b> Death occurred at <b>1:30</b> a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R.L. West</b>		22b. ADDRESS <b>D.O. 2 13121 S. 71 Hwy, Grandview, Mo</b>	22c. DATE SIGNED <b>3-16-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-17-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>E.K. George &amp; Sons Inc, Grandview</b>		25. DATE RECD. BY LOCAL REG. <b>3-16-59</b>	26. REGISTRAR'S SIGNATURE <b>Thomas C. Dunder</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1931 \* 1000

VS  
MAR 19 1959

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 *Sterling E. Casard* .....

Licensed Embalmer No. *4911* .....

P. O. Address *Grandview* .....

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.