

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042035

FILED VS DEC 5 1960 149

149

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

5674

STATE FILE NUMBER

INDEXED

DOCUMENT

BY AFFIDAVIT OF C. Quistgaard - AL CERTIFICATION

BY AFFIDAVIT OF

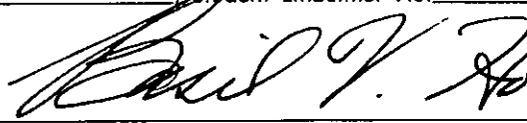
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 52 YEARS		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7120 AGNES AVENUE			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Ralph CARTER Guymon				4. DATE OF DEATH Month Day Year NOVEMBER 7 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH FEB. 2, 96	9. AGE (last birthday) 64		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTAL SUPERVISOR		10b. KIND OF BUSINESS OR INDUSTRY CENTROPOLIS STATION		11. BIRTHPLACE (City and state or country) HAMILTON, ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WALTER GUYMON		13b. MOTHER'S MAIDEN NAME LILY CARTER		14. NAME OF DECEASED AT BIRTH MRS. LILLIAN GUYMON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. NONE		17. INFORMANT MRS. LILLIAN GUYMON KANSAS CITY, MISSOURI			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aortic V. Disease						INTERVAL BETWEEN ONSET AND DEATH YRS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DUODENAL ULCER - 1 yr					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.		Month, Day, Year					
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 2-6-60 to 11-7-60 and last saw ^{him} _{her} alive on 11-7-60 Death occurred at 10:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. Quistgaard M.D.				22b. ADDRESS 6240 Pleasant Valley		22c. DATE SIGNED 11-8-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV. 10, 1960	23c. NAME OF CEMETERY FLORAL HILLS CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
24. FUNERAL DIRECTOR D. W. NEWCOMER'S DISEASE SONS KANSAS CITY, MO.		ADDRESS 1351 BRUSH CREEK		25. DATE RECD. BY LOCAL REG. 11-10-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 472

P. O. Address R. C. ...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.