

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029291

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149
FILED AUG 28 1961

Primary Registration District No. 1002 Registrar's No. 3953

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Joseph A. Fogarty, M.D.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>Wyandotte</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in lb <u>5 hrs</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lake Side Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>1924 NORTH 17th St.</u>		
3. NAME OF DECEASED (Type or print) First <u>Bonnie M.</u> Middle <u>Guy</u> Last <u>Guy</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>8</u> Year <u>1961</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct 12-1888</u>	
9. AGE (last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner - Bonnies Tie & Embroidery Shop.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Kawnee Rock, Kan</u>		11. BIRTH PLACE (City and state or country) <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MARSHALL PARIS</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Seaman</u>		14. NAME OF HUSBAND OR WIFE <u>William A. Guy -</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic) <u>No</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Guy, Mr. William A., 1924 North 17th St, Kansas City, Kan</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arterio sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Arterio sclerosis</u>						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 <u> </u> a.m. / p.m. Month, Day, Year <u> </u>							
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 <u>8/7/61</u> to <u>8/8/61</u> and last saw her alive on <u>8/8/61</u> Death occurred at <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Joseph A. Fogarty</u>				22b. ADDRESS <u>402 Northman Bldg, 69 Mo.</u>		22c. DATE SIGNED <u>8-9-61</u>	
23a. BURIAL CREATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Aug-11th 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>H. G. LAND PARK Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANSAS</u>	
24. FUNERAL DIRECTOR <u>Gates, 1901 Clatha Bldg, Kansas City, Kansas</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8-9-61</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

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 Paul R. Williamson

Licensed Embalmer No. 5009
P. O. Address Overland Park, Mo.

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.