

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032989

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4611

AMENDED

FILED OCT 4 1961

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 1b 16 yrs.	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 1502 Broadway - Rm. 221		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1502 Broadway - Rm. 221 Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HOWARD Middle CARLTON Last McGUIRE			4. DATE OF DEATH Month 9 Day 12 Year 61			
5. SEX Male	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8-14-14	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months 6 Days 10	IF UNDER 24 HR Hours 12 Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi Cab Driver		10b. KIND OF BUSINESS OR INDUSTRY Terminal Cab Co.		11. BIRTHPLACE (City and state or country) Leavenworth, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James Smith		13b. MOTHER'S MAIDEN NAME Jetta McGuire		14. NAME OF HUSBAND OR WIFE Evelena McGuire		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Mrs. Jetta Cantrell Address Emporia, Kansas 1322 Highland			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Insufficiency	6 mo
	DUE TO (c) arteriosclerosis	Chronic
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown

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 2:58 a.m. p.m. Month, Day, Year 12-18-59		

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 Leavenworth, Kansas	COUNTY Leavenworth	STATE Kansas
21. I attended the deceased from 12-18-59 to death and last saw ^{her} him alive on 9-12-61 Death occurred at 2:58 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE S. I. Whim (Deceased or title)		22b. ADDRESS 326 W 12th St		22c. DATE SIGNED 9-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-15-61	23c. NAME OF CEMETERY OR CREMATORY Mount Muncie Cemetery	23d. LOCATION (City, town, or county) (State) Leavenworth, Kansas
24. FUNERAL DIRECTOR Weillert Funeral Homes (s) K.C., Mo.		25. DATE RECD. BY LOCAL REG. 9-15-61	26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
S. I. Whim
ITEM NO. SHOULD READ

