MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011000

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1784

FILED APR 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1
2 323 82
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4 1
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12 90-2
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in lb 36 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1908 Lister — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1908 Lister — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Mattie Middle M. Last Guillou

4. DATE OF DEATH Month March Day 30 Year 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9/6/1899

9. AGE (last birthday) 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleswoman

10b. KIND OF BUSINESS OR INDUSTRY Sports Service Co.

11. BIRTHPLACE (City and state or country) Mosby, Missouri

12. CITIZEN OF WHAT COUNTRY U S

13a. FATHER'S NAME William Baldwin

13b. MOTHER'S MAIDEN NAME Callie Corum

14. NAME OF HUSBAND OR WIFE Louis A. Guillou, Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servic

16. SOCIAL SECURITY NO.

17. INFORMANT Louis A. Guillou, Sr. Address 1908 Lister

18. CAUSE OF DEATH (Enter only one cause per line

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Toxemia — INTERVAL BETWEEN ONSET AND DEATH 7 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Adeno-carcinoma of Ovary — 2 yrs

DUE TO (c)

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 11-1-61, to 3-30-62 and last saw her alive on 3-29-62

Death occurred at 7:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles H. Smith D.O.

22b. ADDRESS 4130 N. Winn Rd H.C. 17 Mo

22c. DATE SIGNED 3-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4/1/1962

23c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery

23d. LOCATION (City, town, or county) (State) Lexington, Mo.

24. FUNERAL DIRECTOR Earp & Sons Mortuary ADDRESS Kansas City

25. DATE RECD. BY LOCAL REG. 3-30-62

26. REGISTRAR'S SIGNATURE Ruth Long

Charles H. Smith MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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 William H. Eaya

Licensed Embalmer No. 4728

P. O. Address K. C. 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.