

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-016069

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primacy Registration District No. 1002 Registrar's No. 2116 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

Glenn W. Springer
MEDICAL CERTIFICATION

FILED APR 22 1963	
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 67 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 411 SO. LAWNDALE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS (if outside, give location) 411 SO. LAWNDALE	
3. NAME OF DECEASED (Type or print) First Middle Last OKIE MAE GUYETT	
4. DATE OF DEATH Month Day Year APRIL 6, 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-1-1885
9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PACKER	10b. KIND OF BUSINESS OR INDUSTRY LOOSE WILES
11. BIRTHPLACE (City and state or country) ARCOLA, MISSOURI	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME ALBERT GUNN	13b. MOTHER'S MAIDEN NAME IDA LEAKE
14. NAME OF HUSBAND OR WIFE WILLIAM M. GUYETT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO	16. SOCIAL SECURITY NO.
17. INFORMANT LODA GUNN 6014 E. 13th. K.C., MO.	Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Hypertension 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)	
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 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 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 <u>Sept. 17, 1960</u> to <u>Apr. 6, 1963</u> and last saw her alive on <u>Mar. 27, 1963</u> Death occurred at <u>11:55 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Glenn W. Springer, D.O.	22b. ADDRESS 5902 St. John Ave. Kansas City, Mo.
22c. DATE SIGNED 4-8-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-9-1963
23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR C. H. BLACKMAN & SON INC. K. C., MO.	25. DATE RECD. BY LOCAL REG. 4-8-63
26. REGISTRAR'S SIGNATURE Ruth Long	

USE BLACK INK OR TYPEWRITER RIBBON

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 Hubert B. Baird

Licensed Embalmer No. 4888

P. O. Address KC 24, 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.