

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26934

3356

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. LENGTH OF STAY (in this place) **19 yrs.**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Joseph Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

d. STREET ADDRESS (If rural, give location) **St. Joseph Orphans Home**

3. NAME OF DECEASED

a. (First) **Mary** b. (Middle) **Celestia** c. (Last) **GUILLAUME**

4. DATE OF DEATH (Month) (Day) (Year) **August 5, 1951**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**

8. DATE OF BIRTH **10-23-69** 9. AGE (In years last birthday) **81**

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

10b. KIND OF BUSINESS OR INDUSTRY **Religious Order**

11. BIRTHPLACE (State or foreign country) **Paris, France**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **none**

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

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME **Records of St. Joseph Orphans Home, KC, Mo.** ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (1) **Fracture, Femur, Intra capsular, Right. (2) avascular**

ANTECEDENT CAUSES **Due to (b) Nervous, hip, Right (3) Arthroplasty, hip, Right (4) Pulmonary Embolus**

II. OTHER SIGNIFICANT CONDITIONS **Terminal**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **avascular necrosis, hip, Right**

20. AUTOPSY? **YES** **NO**

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Kansas City, Jackson, Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Mar 18 1951 m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Fall on floor**

22. I hereby certify that I attended the deceased from **Mar 18, 1951**, to **Aug 5, 1951**, that I last saw the deceased alive on **Aug 4, 1951**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Garet P. Pichler** (Degree or title) **M.D.** 23b. ADDRESS **316 Argyle Pkwy** 23c. DATE SIGNED **8/6/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **8-7-51** 24c. NAME OF CEMETERY OR CREMATORY **St. Mary's** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **8-6-51** REGISTRAR'S SIGNATURE **Sheraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **Melody-McGilley-Eylar** ADDRESS **Kansas City, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Oliver E. Heck

Signed.....

Student Embalmer

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.