

FILED SEP 27 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38010

State File No. _____

3927

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY North</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY, NORTH 01</u>	
c. LENGTH OF STAY (in this place) <u>2 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>5159 BAXTER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5159 BAXTER</u>		e. STREET ADDRESS (If rural, give location) <u>5159 BAXTER</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RAYMOND</u> b. (Middle) <u>A.</u> c. (Last) <u>GUISER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 5 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 19, 1901</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales mgr. LEHR TIRES & SPRING CO</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>McKeesport Penn. 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>FRANK A GUISER</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET McNamee</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Guiser</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>192-10-0799</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. Josephine Guiser</u>	
				ADDRESS <u>5159 BAXTER</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Calcereous Aortic Stenosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Not Known</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5/9, 1952, to 9/5, 1952, that I last saw the deceased alive on 8/10, 1952, and that death occurred at 6:15 am., from the causes and on the date stated above.

23. SIGNATURE <u>Chas. Grabske</u> (Degree or title)		23b. ADDRESS <u>Chas. Grabske, Ind. Independence, Mo.</u>		23c. DATE SIGNED <u>9/6/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>9-5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St Joseph Cem</u>	
				24d. LOCATION (City, town, or county) (State) <u>McKeesport Penn</u>	

DATE REC'D BY LOCAL REG. <u>9-5-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's</u>	
				ADDRESS <u>NORTH KANSAS CITY</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1248

Dr. Grubski
Indep.

Dr. Grubski
6/1/50

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
Student Embalmer

Signed Glenn H. Hill.....

Licensed Embalmer No. 4586.....

P. O. Address Quondale, Pa.

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.