

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15901**
1828

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY NORTH</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 YEARS</u>		e. STREET ADDRESS (If rural, give location) <u>5159 NORTH BAXTER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPHINE</u> b. (Middle) <u>D.</u> c. (Last) <u>GUISER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 23 1954</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>NOV-1-1903</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>JOSEPH DURBIN</u>		13b. MOTHER'S MAIDEN NAME <u>ROXIE WINCHELL</u>		14. NAME OF HUSBAND OR WIFE <u>RAYMOND A. GUISER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. EDNA CROOK KANSAS CITY, MO. NO. MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast with Metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8/13/52</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastasis</u> DUE TO (c) <u>Generalized Metastasis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>170x</u>

19a. DATE OF OPERATION <u>8/13/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Breast</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
27a. ACCIDENT SUICIDE HOMICIDE (Specify)	27b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	27c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
27d. TIME OF INJURY (Month) (Day) (Year) (Hour)	27e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	27f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8/13, 1952, to 4/23, 1954, that I last saw the deceased alive on 4/23, 1954, and that death occurred at 10: A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Cochran</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>315 Nichols Rd</u>	23c. DATE SIGNED <u>4/23/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>APR-23-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. JOSEPH CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>McKEESPORT PENNSYLVANIA</u>

DATE REC'D BY LOCAL REG. <u>4-23-54</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. H. Newcomer's Sons 1331 BROWN CREEK KANSAS CITY, MO.</u>
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edward M. Star*.....

Licensed Embalmer No. *442*.....

P. O. Address *15, C. 110*.....

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.