

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16471

State File No.

FILED JUN 13 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2148

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>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>INDEPENDENCE</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>3 days</u>		e. STREET ADDRESS (If rural, give location) <u>11005 EAST 24th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARY'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ARNOLD</u>	b. (Middle) <u>R</u>	c. (Last) <u>M'GUIRE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-15-1956</u>
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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>1-29-1886</u>	9. AGE (In years last birthday) <u>70</u>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days	if UNDER 1 MIN. Hours	if UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONSTRUCTION</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>K.P. Power & Light</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CARROLLTON Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>THOMAS W. M'GUIRE</u>	13b. MOTHER'S MAIDEN NAME <u>VIRGINIA AUSTIN</u>	14. NAME OF HUSBAND OR WIFE <u>ESSIE E. M'GUIRE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>YES WWI</u>	16. SOCIAL SECURITY NO. <u>466-10-7391A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS ESSIE E. M'GUIRE</u>	ADDRESS <u>Independence</u>
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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* (a) <u>Acute Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Coronary Thrombosis</u>		<u>36 hours</u>
	DUE TO (c) <u>Diabetes Mellitus</u>		<u>4201</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5 yrs' approx</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Minute)	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 5-14, 1956, to 5-15, 1956, that I last saw the deceased alive on 5-15, 1956, and that death occurred at 7:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.F. Steffen</u> (degree or title)	23b. ADDRESS <u>1103 Grand Ave K.C. Mo</u>	23c. DATE SIGNED <u>5-19-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-17-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-17-56</u>	REGISTRAR'S SIGNATURE <u>W. Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MUEHLEBACH</u>	ADDRESS <u>FUNERAL HOME INC</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 13 1956

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.....
Wm. J. Ward

Licensed Embalmer No. 399

P. O. Address 308 E. 66

7587

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.