No. 300
10.48

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

FILED DEC 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38029

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4993

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Crawford
c. CITY OR TOWN: Pittsburg
d. Is Residence within limits of a city or incorporated town? Yes XX No ☐
STREET ADDRESS (If rural, give location): 415 9

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle): Terrell ~~TERRIL~~
c. (Last): GUTHRIE

4. DATE OF DEATH (Month) (Day) (Year): Nov. 19, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 12, 1901
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintainance of way
10b. KIND OF BUSINESS OR INDUSTRY: K.C. Southern R.R.
11. BIRTHPLACE (City and State or Foreign Country): Broken Arrow, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John A. Guthrie
13b. MOTHER'S MAIDEN NAME: Mary C. Bagby
14. NAME OF HUSBAND OR WIFE: Mrs. Jennie Naoma Guthrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 702-12-0380
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Jennie Guthrie, Pittsburg Kansas

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Bleeding duodenal ulcer — 5 days
DUE TO (c) Perforated duodenal ulcer — 9 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Arteriosclerosis
Prostatectomy
Bleeding duodenal ulcer, Perforated ulcer, Cirrhosis 10-4-56

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 5411
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-25-56 to 11-19, 1956, that I last saw the deceased alive on 11-18, 1956, and that death occurred at 2:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Dr. W. P. Mellen M.D.
23b. ADDRESS: 100 Argyle
23c. DATE SIGNED: 11-19-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-19-56
24c. NAME OF CEMETERY OR CREMATORY: Highland Park Cemetery
24d. LOCATION (City, town, or county) (State): Pittsburg, Kansas

DATE REC'D BY LOCAL REG.: 11-19-56
REGISTRAR'S SIGNATURE: Nova Marshall
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Freeman Mortuary & Chapel K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

Corr by Aff. W. P. Miller

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clayton H. Barnes

Licensed Embalmer No. 4793

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.