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FILED AUG 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24574
STATE FILE NUMBER 3511

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in lb 73 YEARS; 47⁰	STREET ADDRESS (If outside, give location) 3237 Penn		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Edward J. Guenther, Sr.			4. DATE OF DEATH Month Day Year 7 23 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE-12-1884	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days 7 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-15YRS-TRIMMER		10b. KIND OF BUSINESS OR INDUSTRY WINDOWS	11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME EMIL GUENTHER		13b. MOTHER'S MAIDEN NAME MAGDALENE STALLMAN		14. NAME OF HUSBAND OR WIFE MRS. MABEL SMITH GUENTHER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 510-07-5880		17. INFORMANT Address MRS. MABEL SMITH GUENTHER 3237 PENNSYLVANIA KANSAS CITY MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO (b) Fracture of femur DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatic heart disease					INTERVAL BETWEEN ONSET AND DEATH 890³⁰/₃₀
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell on floor			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 7-22-57					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson MO.	
21. I attended the deceased from July 22, 1957 to July 23, 1957 and last saw <input checked="" type="checkbox"/> alive on July 23, 1957 Death occurred at 10:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE B. I. Burns (Degree or title) <i>B. I. Burns, M.D.</i>			22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 7-24-57
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE JULY 26 1957	23c. NAME OF CEMETERY OR CREMATORY DIV. NEWCOMER'S SONS		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR DIV. NEWCOMER'S SONS		ADDRESS 1331 BRUSH CREEK BLVD. KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 7-26-57		26. REGISTRAR'S SIGNATURE Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Chester K Brown*

Licensed Embalmer No. *493*

P. O. Address *Ke Ma*

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.