

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-008808

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1372

AMENDED FILED APR 6 1961

DATE AMENDED, INSTEAD OF, DOCUMENT, MEDICAL CERTIFICATION, BY AFFIDAVIT OF, SHOULD READ, ITEM NO.

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY OR TOWN KANSAS CITY Length of stay in lb 56 yrs. c. FULL NAME OF (If NOT in hospital, give location) Baptist Mem. Hospital Inside Limits Yes X No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY OR TOWN KANSAS CITY Inside Limits Yes X No 3. NAME OF DECEASED First Middle Last OLIVER J. GUTHRIE 4. DATE OF DEATH March 15, 1961 5. SEX Male 6. COLOR OR RACE Caucasian 7. Married Widowed X Never Married Divorced 8. DATE OF BIRTH 6-23-73 9. AGE (last birthday) 87 10a. USUAL OCCUPATION Salesman - CLOTHING 10b. KIND OF BUSINESS OR INDUSTRY Retail shoe store 11. BIRTHPLACE (City and state or country) East Orange, N.J. 12. CITIZEN OF WHAT COUNTRY USA 13a. FATHER'S NAME MORTIMER C. GUTHRIE 13b. MOTHER'S MAIDEN NAME ANNIE JENKINS 14. NAME OF HUSBAND OR WIFE OLIVA GUTHRIE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. 17. INFORMANT ELDRED R. GUTHRIE 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) Menia Interval between onset and death 4d. DUE TO (b) Chronic Lymphocytic Leukemia 4 years DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE 21. I attended the deceased from March 11, 1961 to March 15, 1961 and last saw him alive on March 15 1961 Death occurred at 8:23 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Ally Eubank M.D. (Degree or title) 22b. ADDRESS 924 Professional Bldg. K.C. 6, Mo. 22c. DATE SIGNED Mar 16, 61 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE MAR. 17, 1961 23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY KANSAS CITY MISSOURI 23d. LOCATION (City, town, or county) (State) 24. FUNERAL DIRECTOR W.D.W. Newcomer's Sons 1331 BRUSH CREEK ADDRESS 25. DATE RECD. BY LOCAL REG. 3-17-61 26. REGISTRAR'S SIGNATURE Ruth Long

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 Louis Zuest

Licensed Embalmer No. 4096

P. O. Address K. C. Mo.

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.