

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-006518**

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 840

AMENDED

**FILED MAR 7 1962**

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b>                     |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>   |   | c. CITY OR TOWN <b>KANSAS CITY</b>  |   |
| Length of stay in lb <b>22 YEARS</b>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>1445 WEST 50TH TERRACE</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>1445 WEST 50TH TERR.</b>  |   |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |   |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>BERTHA I. GUTHRIE</b>  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>FEBRUARY 11 1962</b>   |
| 5. SEX<br><b>FEMALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>4/27/77</b>  |
| 9. AGE (last birthday) <b>84</b>  |   | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>AT HOME</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>---</b>   |   |
| 11. BIRTHPLACE (City and state or-country)<br><b>NEOSHO, MISSOURI</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |   |
| 13a. FATHER'S NAME<br><b>JOHN LILLARD</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>MARY BAILEY</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>EDGAR E. GUTHRIE</b>  |   |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |   | 16. SOCIAL SECURITY NO.<br><b>NONE</b>  |   |
| 17. INFORMANT<br><b>MRS. HARRY J. NORTH</b>   |   | Address<br><b>1445 W. 50TH TERR. NORTH KANSAS CITY, MO.</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Spontaneous Cerebral Hemorrhage</b><br>DUE TO (b) <b>Hypertensive vascular disease</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>9 days</b><br><b>2 years</b>   |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input 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.)  |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |   |
| 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 <b>4 Feb 1961</b> to <b>11 Feb 1962</b> and last saw her alive on <b>10 Feb 1962</b><br>Death occurred at <b>3:50 A.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Blaine Z. Hubbard M.D.</b>   |   | 22b. ADDRESS<br><b>411 Nichols Rd KCMo</b>  | 22c. DATE SIGNED<br><b>12 Feb 62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>CREMATION</b>   | 23b. DATE<br><b>FEB. 13, '62</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>D.W. NEWCOMER'S SONS</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>KANSAS CITY MISSOURI</b>  |
| 24. FUNERAL DIRECTOR<br><b>D.W. NEWCOMER'S SONS</b>   |   | ADDRESS<br><b>1331 BRUSH CR. KANSAS CITY, MO.</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>2-13-62</b>  |
|   |   | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>   |   |

DOCUMENT

BY AFFIDAVIT OF

Blaine Z. Hubbard Medical Certification

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

STATE OF MISSOURI

**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 Faust

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.