

FILED DEC 4 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 36203

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1346			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY Buchanan		b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph		a. STATE Buchanan		b. COUNTY Missouri			
c. LENGTH OF STAY (In this place) 38 yrs.		c. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph		d. STREET ADDRESS 2428 So. 6th St.		0117			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2428 So. 6th St.				d. STREET ADDRESS 2428 So. 6th St.					
3. NAME OF DECEASED (Type or Print)			a. (First) MARGUARITE		b. (Middle)		c. (Last) GUTIERREZ		
4. DATE OF DEATH		(Month) 11		(Day) 30		(Year) 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-4-1880			
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MIN. Hours   Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Sioux City, Iowa		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Manuel Gutierrez			
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. none		17. INFORMANT'S SIGNATURE OR NAME Manuel Gutierrez, 2428 So. 6th St.			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*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) Acute Pulmonary Embolism							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensated Hypertension						1443X	
		DUE TO (c) Arteriosclerosis + Chronic Asthma, Emphysema + Valvular							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		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 9/19 1950, to 11/29 1950; that I last saw the deceased alive on 11/29 1950, and that death occurred at 3:00A m., from the causes and on the date stated above.									
23a. SIGNATURE Jean R. Pearson				23b. ADDRESS St. Joseph, Mo. 6207 Kemp Hill Ave		23c. DATE SIGNED 11/30/1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-2-50		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.			
DATE REC'D BY LOCAL REG. Dec 2, 1950		REGISTRAR'S SIGNATURE Carl C. Casper		25 FURNERAL DIRECTOR'S SIGNATURE 4646 John B. Rupp		ADDRESS St. Joseph, Mo.			
(Licensed Embalmer) (Statement on Reverse Side)									

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

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, John E. Rupp

working under my personal supervision.

Signed.....  
Student Embalmer

Signed John E. Rupp  
Student Embalmer No. ....

Licensed Embalmer No. 9986

P. O. Address St. Joseph, 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 this body is not embalmed, fact should be so stated above.