

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>39 mo</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp #1</u>		b. STREET ADDRESS (If rural, give location) <u>2342 Belleview</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Guadalupe</u> c. (Last) <u>Cutierrez</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-26-55</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-12-1888</u>
9. AGE (In years last birthday) <u>67</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Librado Gutierrez</u>	13b. MOTHER'S MAIDEN NAME <u>Carmen Serriotas</u>	14. NAME OF HUSBAND OR WIFE <u>Matividad Gutierrez</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-14-8658</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Porfirio Gutierrez, Longmont, Colo.</u>

18. CAUSE OF DEATH 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 1/2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock & Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Contusion Chest - Ruptured</u> DUE TO (c) <u>IV in ax Cava</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fract Arm</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., home, farm, street, etc.) <u>Streets</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Kansas City Jackson MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-26-55</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car Struck Pedestrian</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 7:38 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph H. Owens</u> (Do not use title)	23b. ADDRESS <u>1034 Quattro Blvd</u>	23c. DATE SIGNED <u>9-27-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u>	24b. DATE <u>9-28-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Longmont</u>
24d. LOCATION (City, town, or county) (State) <u>Longmont, Colorado</u>		

DATE REC'D BY LOCAL REG. <u>9-28-55</u>	REGISTRAR'S SIGNATURE <u>neva minihall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B. C. Weelett, 1128. Ma</u>
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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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

B. E. Willet

Licensed Embalmer No. 407

P. O. Address L. C. S.,

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.