

FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8495
952

BIRTH NO. 14530-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY OR TOWN <i>Kansas City</i>	c. LENGTH OF STAY (In this place) <i>3 days</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Odessa</i> <i>0540</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Lukes Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>108 West Mason</i>	

3. NAME OF DECEASED a. (First) <i>Guerri</i> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>mar. 3, 1951</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>mar. 1, 1951</i>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Days <i>3</i>	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Kansas City, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>

13a. FATHER'S NAME <i>Victor L. Guerri</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Barnett</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Miss Wanda Reynolds</i>	ADDRESS <i>14 E. Mo.</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary tuberculosis</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i> gastro intestinal hemorrhage</i>		

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)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>F.C. Coleman</i> (Degree or title) <i>M.D. Pathologist</i>	23b. ADDRESS <i>4922 Bell St. K.C. Mo</i>	23c. DATE SIGNED <i>Mar 3, 1951</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>mar. 5, 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Odessa Cemetery</i>
		24d. LOCATION (City, town, or county) (State) <i>Odessa, mo</i>

DATE REC'D BY LOCAL REG. <i>3-3-51</i>	REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Hersman-Sparks</i>	ADDRESS <i>Odessa, mo</i>
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

William T. Sparks

Signed.....

Student Embalmer

Licensed Embalmer No. *# 4431*

P. O. Address. *Odessa, 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.