

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26288

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY <u>Callaway</u> <u>0143</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fulton, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>308</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>		d. STREET ADDRESS (If rural, give location) <u>2106 Bellevue</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANITA</u> b. (Middle) <u>Gutierrez</u> c. (Last) <u>Gutierrez</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug</u> <u>12</u> <u>1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Mexican</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>26 July 1898</u>	9. AGE (In years last birthday) <u>52</u>	10. AGE (If under 1 year) (Month) (Day) (Hour) (Min.) <u>11</u> <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Mexico City, Mexico</u> <u>3</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Mex</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Antonio Gutierrez</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records</u>		ADDRESS <u>Fulton, Mo</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumo pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Multiple Decubitus ulcers.</u>			
DUE TO (c)		DUE TO (c) <u>Grand mal epilepsy, Ch. My. Corditis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
				<u>491 X</u>	

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 11 Aug, 1951, to 12 Aug, 1951, that I last saw the deceased alive on 12 Aug, 1951, and that death occurred at 10:57 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G.S. Wareick</u> <u>M.D.</u>		23b. ADDRESS <u>Fulton, Mo</u>		23c. DATE SIGNED <u>12 Aug, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug-14-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City</u> <u>Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace</u>		ADDRESS <u>Funeral Home, Fulton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug-13-1951</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		4200	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 20 1951

RECEIVED

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 _____
Student Embalmer

Signed

Russell C. Maag

Licensed Embalmer No. *4809*

P. O. Address *Fulton, 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.