

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **27327**

No. 300

10-48

**FILED AUG 16 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3390

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (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. CITY OR TOWN <u>Kansas City</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>312 Holmes</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Gutierrez</u> c. (Last) <u>Gutierrez</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 15, 1954</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>DEC 1893</u>	<b>9. AGE</b> (In years) <u>60</u>	<b>10. MARRIED</b> (Specify) <u>1</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>House wife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Mexico City, Mexico</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>Mexico</u>		<b>13a. FATHER'S NAME</b> <u>Jesse Hernandez</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>unknown</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Margarito Gutierrez</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Joseph A. Bustardo</u>		<b>18. CAUSE OF DEATH</b> 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.		<b>19. ADDRESS</b> <u>312 Holmes</u>	

<b>18. CAUSE OF DEATH</b>		<b>19. ADDRESS</b> <u>312 Holmes</u>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Labor Pneumonia</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 day</u>	
<b>ANTECEDENT CAUSES</b>		<b>DUE TO (b)</b> <u>Cerebrovascular Accident</u>	
<b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		<b>DUE TO (c)</b> <u>Heart Prostration</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 day</u>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>123</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from July 15, 1954, to July 15, 1954, that I last saw the deceased alive on July 15, 1954, and that death occurred at 8:44 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Elias E. Zirul DO</u> (Degree or title)	<b>23b. ADDRESS</b> <u>4748 Prospect</u>	<b>23c. DATE SIGNED</b> <u>7/15/54</u>
<b>24a. BURIAL CREMATION</b> (Specify)	<b>24b. DATE</b> <u>7-17-54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>MT CALVARY CEM</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>KANSAS CITY KAN.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>SEBETO</u>	<b>25. ADDRESS</b> <u>CITY</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>7-16-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Smith</u>	

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

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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, ~~only~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Farrest D Caldwell*.....

Licensed Embalmer No. *471*

P. O. Address *KC 9*.....

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.