

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31677
STATE FILE NUMBER
3880

Registration District No. 149 Primary Registration District 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>Kansas</i> b. COUNTY <i>Wyandotte</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <i>Kansas City</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St Marys Hosp.</i>		Length of stay in 1b <i>3 Days</i>	d. STREET ADDRESS (If outside, give location) <i>1176 Francis</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>GILBERTO</i> Middle <i>AVILA</i> Last			4. DATE OF DEATH Month <i>Aug.</i> Day <i>17,</i> Year <i>1957</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Mexican</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 14, 1905</i>	9. AGE (In years last birthday) <i>52</i>	10. FUNDER YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Section Foreman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Frisco R., R.</i>	11. BIRTHPLACE (City and state or country) <i>Mexico 3</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>
13a. FATHER'S NAME <i>No Record</i>		13b. MOTHER'S MAIDEN NAME <i>No Record</i>		14. NAME OF HUSBAND OR WIFE <i>Maria Q. Avila</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>Maria Q. Avila, Kansas City, Kans.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Crushed Pelvis</i>					INTERVAL BETWEEN ONSET AND DEATH <i>8:30-25</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Run over by a Truck</i>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. <i>8:14</i> p.m. <i>57</i>					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, school, factory, street, office bldg., etc.) <i>Armour Lock</i>		20f. CITY, TOWN, OR LOCATION <i>Kansas City, Kansas</i>	
20g. COUNTY <i>Wyandotte</i>		20h. STATE <i>Kansas</i>			
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Hugh H. Owens</i>			22b. ADDRESS <i>1034 Pacific Bldg</i>		22c. DATE SIGNED <i>8-19-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Aug. 20, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Kansas</i>
24. FUNERAL DIRECTOR <i>Gates Funeral Home, K. C. Kans.</i>		25. DATE RECD. BY LOCAL REG. <i>8-19-57</i>		26. REGISTRAR'S SIGNATURE <i>Irene Marshall</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens

MAR 19 1958

STATEMENT BY LICENSED EMBALMER

KP
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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

Paul R. Williamson

Licensed Embalmer No... 5009...

P. O. Address Overland, Kansas

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.