

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 11 1957

40357  
STATE FILE NUMBER  
5524

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 5524

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>JEFFERSON CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1441 INDEPENDENCE AVE LONG NURSING HOME</b> Length of stay in 1b <b>2 YEARS</b>		d. STREET ADDRESS (If outside, give location) <b>67</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED First **LOUIS** Middle **GUEUTAL** Last **GUEUTAL** 4. DATE OF DEATH Month **NOV.** Day **21** Year **1957**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED  NEVER MARRIED  WIDOWED  2 DIVORCED  8. DATE OF BIRTH **DEC. UNKNOWN 1872** 9. AGE (In years last birthday) **84** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 MRS. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED - FARMER** 10b. KIND OF BUSINESS OR INDUSTRY **---** 11. BIRTHPLACE (City and state or country) **JEFFERSON CITY, MO.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **UNKNOWN GUEUTAL** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **MRS. EDNA GUEUTAL**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT **MRS. GRACE CRAINE** Address **343 S ANDERSON KANSAS CITY MO**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Arteriosclerosis**  
DUE TO (b) **Arteriosclerosis**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }  
DUE TO (c) **4500**  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
INTERVAL BETWEEN ONSET AND DEATH **4 years**  
**4 years**  
**4500**

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year o.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **1-1-57** to **11-21-57** and last saw her alive on **11-21-57**. Death occurred at **1:30 A.** m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Frank Paul Lawrence MD** 22b. ADDRESS **428 S. White Ave** 22c. DATE SIGNED **11-21-57**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **NOV-21-1957** 23c. NAME OF CEMETERY OR CREMATORY **---** 23d. LOCATION (City, town, or county) (State) **JEFFERSON CITY MISSOURI**

24. FUNERAL DIRECTOR ADDRESS **D.W. NEWCOMER SONS 1331 BRUSH CREEK KANSAS CITY MO.** 25. DATE RECD. BY LOCAL REG. **11-22-57** 26. REGISTRAR'S SIGNATURE **neva minshall**

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Frank Paul Lawrence

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Albert L. Swage* .....

Licensed Embalmer No. *4812* .....

P. O. Address *Kansas City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.