

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26987

3527

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3527	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 30 yrs.		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Kansas City		46	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4225 Paseo 1				d. STREET ADDRESS (If rural, give location) 4225 Paseo 64			
3. NAME OF DECEASED (Type or Print) a. (First) Peter			b. (Middle) Munoz			- c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 8-12-49		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 1, 1883		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper			10b. KIND OF BUSINESS OR INDUSTRY U.P. R.R.			11. BIRTHPLACE (State or foreign country) Mexico 3	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Encarnacion Munoz		13b. MOTHER'S MAIDEN NAME Teresa Barreras		14. NAME OF HUSBAND OR WIFE Arceste Munoz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 119-07-NO		17. INFORMANT'S SIGNATURE OR NAME Hilbert Munoz		ADDRESS Same	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infarction DUE TO (c) Coronary Arteriosclerosis					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Deputy coroner				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		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 A.E. Upsher				23b. ADDRESS 2800 Main		23c. DATE SIGNED 8/13/49	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 8-16-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24d. LOCATION (City, town or county) (State) Kansas City, Kan.	
DATE REC'D BY LOCAL REG. 8-15-49		REGISTRAR'S SIGNATURE Seraldine Holman		25. FUNERAL DIRECTOR'S SIGNATURE B.E. Weibull, K.C. 8, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Blaine E. Weiler

Licensed Embalmer No. 4075

P. O. Address L.C. 8, 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.