

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43780**
5497
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1000**

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 BURL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write BURL and give township) OR TOWN Kansas City 3305	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Research Hosp.		d. STREET ADDRESS (If rural, give location) 2122 Jefferson St.	

3. NAME OF DECEASED a. (First) Jose b. (Middle) Reyes c. (Last) Reyes		4. DATE OF DEATH (Month) (Day) (Year) 11-22-49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Unk 1914
9. AGE (In years last birthday) 35		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track Laborer	
11. BIRTHPLACE (State or foreign country) Mexico		12. CITIZEN OF WHAT COUNTRY? Mexico	

13a. FATHER'S NAME Juan Reyes	13b. MOTHER'S MAIDEN NAME Victoria Torrez	14. NAME OF HUSBAND OR WIFE Antonio H. Reyes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Antonio H. Reyes ADDRESS Mexico

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Skull Fracture		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) Left Leg Contusion chest		
	DUE TO (c) Fractured Ribs		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E 800		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Personal Railroad	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office, etc.) Kansas City	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-22-49 9 A	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by train

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 **9 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)	23b. ADDRESS 1034 Benton Bldg.	23c. DATE SIGNED 12-20-49
24a. BURIAL CREMATION (Specify) Burial	24b. DATE 12-30-49	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary
24d. LOCATION (City, town, or county) (State) Kansas City, Kan.	25. FUNERAL DIRECTOR'S SIGNATURE B. O. Weiler ADDRESS P.O. S. Mo.	
DATE REC'D BY LOCAL REG. 12-28-49	REGISTRAR'S SIGNATURE Deraldine Holmes	

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. Walcott

Licensed Embalmer No.

P. O. Address.....

*4075
K.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.