

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20028**
2789

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 9 Yrs.		d. STREET ADDRESS (If rural, give location) 1045 East Fifth St.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital			

3718

3. NAME OF DECEASED (Type or Print) Joseph			a. (First)			b. (Middle)			c. (Last) Aguillard			4. DATE OF DEATH June 28 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 25 1917			9. AGE (In years last birthday) 33		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist				10b. KIND OF BUSINESS OR INDUSTRY Airmotive Equipment				11. BIRTHPLACE (State or foreign country) Texas				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME No Record			13b. MOTHER'S MAIDEN NAME No Record			14. NAME OF HUSBAND OR WIFE Thelma Aguillard					
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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. 437-18-6285		17. INFORMANT'S SIGNATURE OR NAME Mrs. Thelma Aguillard ADDRESS Kansas City, Mo					
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Structure Larynx Acute Pulmonary Oedema - Oedema Brain										INTERVAL BETWEEN ONSET AND DEATH 89123	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Had crushing injury to index finger left											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 2		21b. PLACE OF INJURY (e.g. in or about home, factory, street, office bldg., etc.) factory			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-28-51		21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? left finger crushed by machine								

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.

23. SIGNATURE High H. Owens (Degree or title) High H. Owens Coroner			23b. ADDRESS 1034 Beatts Bldg			23c. DATE SIGNED 6-29-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 2, 1951		24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG 7-2-51		REGISTRAR'S SIGNATURE Seraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster ADDRESS Kansas City, Missouri			

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 _____

Dean Owens

Licensed Embalmer No. _____

4280

P. O. Address _____

K. C., 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.