

FILED JUL 7 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20127
2707

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. 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>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>	c. LENGTH OF STAY (In this place) <i>unknown</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Osteopathic Hosp</i>		d. STREET ADDRESS (If rural, give location) <i>2344 Mercer</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Jose</i> b. (Middle) _____ c. (Last) <i>Estrada</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>6/24/51</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Mex</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 30 1885</i>
9. AGE (In years last birthday) <i>65</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Mexico</i>
12. CITIZEN OF WHAT COUNTRY? <i>Mexico</i>		13a. FATHER'S NAME <i>Cesario Paz</i>	13b. MOTHER'S MAIDEN NAME <i>Erina</i>
14. NAME OF HUSBAND OR WIFE <i>Jos Estrada</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>None</i>	16. SOCIAL SECURITY NO. <i>None</i>
17. INFORMANT'S SIGNATURE OR NAME <i>Jos Estrada</i>		ADDRESS <i>2344 Mercer</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bilateral Bronchial Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
ANTECEDENT CAUSES DUE TO (b) <i>Uremia</i>		<i>3 days</i>	
DUE TO (c) <i>Nephrosclerosis</i>		<i>5 yrs.</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Atherosclerosis</i>		<i>5-8 yrs.</i>	
19a. DATE OF OPERATION <i>6-24-51</i>	19b. MAJOR FINDINGS OF OPERATION <i>Bilateral Bronchial Pneumonia; Nephrosclerosis</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 <i>5-31</i> , 1951, to <i>6-24</i> , 1951, that I last saw the deceased alive on <i>6-23</i> , 1951, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Roy V. Culp, D.O.</i>		23b. ADDRESS <i>202-912 Bryant Bldg</i>	23c. DATE SIGNED <i>6-24-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>6/26/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Mary's</i>	24d. LOCATION (City, town, or county) (State) <i>Mo</i>
DATE REC'D BY LOCAL REG. <i>6-26-51</i>	REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>John D. Coyle</i>	ADDRESS <i>KC Mo.</i>

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..... *Debra H. Lutz*

Licensed Embalmer No. *4273*

P. O. Address..... *KC 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.