

FILED AUG 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. **26880**Registrar's No. **3331**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3331</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY		<u>Jackson</u>		a. STATE		b. COUNTY			
		<u>Kansas City</u>		<u>Missouri</u>		<u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)					
		<u>30 yrs.</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS					
<u>K.C.T.B. Hosp.</u>				<u>2429 Holly 23rd St</u>					
3. NAME OF DECEASED			4. DATE OF DEATH						
a. (First)			b. (Middle)			c. (Last)			
<u>Delfino</u>			<u>Diaz</u>			<u>2417</u>			
(Type or Print)						Month (Day) (Year)			
						<u>8 2 1951</u>			
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH			
<u>Male</u>		<u>White</u>		<u>Single</u>		<u>12-24-1908</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday)		11. BIRTHPLACE (State or foreign country)			
<u>Track Laborer</u>		<u>K.C. Terminal</u>		<u>42</u>		<u>Mexico</u>			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		12. CITIZEN OF WHAT COUNTRY			
<u>Cleato Diaz</u>		<u>"Wak" Perez</u>		<u>None</u>		<u>U.S.</u>			
15. DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS			
<u>No</u>		<u>703-03-0999</u>		<u>LUPE Diaz</u>		<u>Same</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION					
Enter only one cause per line for (a), (b), and (c)				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)					
				<u>Pulmonary Tuberculosis</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				INTERVAL BETWEEN ONSET AND DEATH	
				DUE TO (b)					
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				20. AUTOPSY?					
Conditions contributing to the death but not related to the disease or condition causing death.				YES <input type="checkbox"/> NO <input type="checkbox"/>					
				<u>00-4</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 <u>6-2</u> , 1951, to <u>8-2</u> , 1951, that I last saw the deceased alive on <u>8-2</u> , 1951, and that death occurred at <u>4 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED			
<u>Edward P. Altomare M.D.</u>				<u>K.C.T.B. Hosp. K.C. Mo.</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
<u>Burial</u>		<u>8-6-51</u>		<u>St. Marys</u>		<u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE					
<u>8-4-51</u>		<u>Geraldine Holmes</u>		<u>D. G. Weibel, K.C. Mo.</u>					

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

R. E. Weir

Signed.....

Student Embalmer

Licensed Embalmer No. *4275*

P. O. Address: *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.