

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27338

BIRTH NO. _____		REG. DIST. NO. <u>146</u>	PRIMARY REG. DIST. NO. <u>5569</u>	Registrar's No. <u>300</u>
1. PLACE OF DEATH a. COUNTY <u>Jackson 0480</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Brookings)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Brookings) 0480</u>		
d. FULL NAME OF (if not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>Blue Ridge Blvd. + Palmer</u>		d. STREET ADDRESS (If rural, give location) <u>Blue Ridge Blvd. + Palmer</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Salazar</u> c. (Last) <u>Gonzalez</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 2, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 5, 1898</u>	9. AGE (In years) (If under 1 year last birthday) (If under 24 hrs. Months) (Days) (Hours) (Min.) <u>53</u> <u>6</u> <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Auto Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Garage</u>	11. BIRTHPLACE (State or foreign country) <u>Del Rio, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Lorenzo Gonzalez</u>		13b. MOTHER'S MAIDEN NAME <u>Sapopa Salazar</u>		14. NAME OF HUSBAND OR WIFE <u>Velma Gonzalez</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herbert Gonzalez Rt. 2 N. Kansas City, Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Alcoholism</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>3222</u>		20. AUTOPSY? YES <input 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) (Min.)	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>May 24, 1951</u> , to <u>July 23, 1951</u> , that I last saw the deceased alive on <u>July 23, 1951</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>R.P. Miller M.D.</u>		23b. ADDRESS <u>708 Shubert Bldg.</u>		23c. DATE SIGNED <u>Aug 2-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 4, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 4-1951</u>	REGISTRAR'S SIGNATURE <u>Henry Salazar</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clarence Regent Raytown, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 3 0 RECD

MAY 1 1952

APR 30 1952

1041

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.....

Clark Agent
Licensed Embalmer No. 3983

P. O. Address Raytown 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.