

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 41480
5564

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) OR TOWN Kansas City				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				d. STREET ADDRESS (If rural, give location) 2848 Summit			
3. NAME OF DECEASED (Type or Print) Manuel		a. (First)		b. (Middle) Batrez		c. (Last)	
4. DATE OF DEATH		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 6-19-1882		9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (State or foreign country) Mexico 3	
12. CITIZEN OF WHAT COUNTRY? Unk		13a. FATHER'S NAME Santiago Batrez		13b. MOTHER'S MAIDEN NAME Lenora Navares		14. NAME OF HUSBAND OR WIFE Victoria Batrez	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. "Unk"		17. INFORMANT'S SIGNATURE OR NAME Victoria Batrez		ADDRESS Same	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Bilateral chronic subdural hematoma Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1313 W. 23		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 13 51 m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall on back stairs at home		22. I hereby certify that I attended the deceased from Dec. 20, 1951, to Dec. 22, 1951, that I last saw the deceased alive on Dec. 22, 1951, and that death occurred at 9:30P. m., from the causes and on the date stated above.		23a. SIGNATURE B.I. Burns (Degree or title) B.I. Burns, M.D.	
23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 12-24-51		24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 12-27-51	
24c. NAME OF CEMETERY OR CREMATORY Maple Hill		24d. LOCATION (City, town, or county) (State) Kansas City Kan.		25. FUNERAL DIRECTOR'S SIGNATURE J.E. Weirich, R.C. S. Mo.		DATE REC'D BY LOCAL REG 12-26-51	
25. FUNERAL DIRECTOR'S SIGNATURE J.E. Weirich, R.C. S. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J.E. Weirich, R.C. S. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J.E. Weirich, R.C. S. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J.E. Weirich, R.C. S. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

for Embalmer

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.