No. 300
10.48

FILED MAY 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13272

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 181

480
2

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): Donotknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lords Muncuple Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City Rural Brooking
d. STREET ADDRESS (If rural, give location): Lord Muncupal Farm 0487

3. NAME OF DECEASED (Type or Print)
a. (First): Dave
b. (Middle):
c. (Last): Flores

4. DATE OF DEATH (Month) (Day) (Year): 4-24-52

5. SEX: M 4
6. COLOR OR RACE: Mex
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Singal 1
8. DATE OF BIRTH: 1901
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Mexico 1
12. CITIZEN OF WHAT COUNTRY?: Donotknow

13a. FATHER'S NAME: Donotknow
13b. MOTHER'S MAIDEN NAME: Donotknow
14. NAME OF HUSBAND OR WIFE: ——

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Donotknow
16. SOCIAL SECURITY NO.: Donotknow
17. INFORMANT'S SIGNATURE OR NAME: Coroner Office — ADDRESS: KCMO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cause of Death Unknown
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gassehle Food Poisoning
DUE TO (c):
11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
0492

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No Post Permit
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 2
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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.*

23a. SIGNATURE (Degree or title): Hugh H. Owens 3 Coroner
23b. ADDRESS: 1034 Rialto Bldg
23c. DATE SIGNED: 4-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): [illegible]
24b. DATE: 4-30-52
24c. NAME OF CEMETERY OR CREMATORY: ~~Ty C Collogry Cemetery~~ Cemetery
24d. LOCATION (City, town, or county) (State): ~~2105 Bldg Blvd K.C.Mo~~ K.C. Ks.

DATE REC'D BY LOCAL REG.: 4-30-52
REGISTRAR'S SIGNATURE: [illegible] McCarter
25. FUNERAL DIRECTOR'S SIGNATURE: Passantino Bros — ADDRESS: KCMO

354-1 (Licensed Embalmer's Statement on Reverse Side)

MAY 1 2 1952

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 Frances Walters

Licensed Embalmer No. 2744

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.