No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20701

FILED JUL 5 1952

BIRTH NO. 15-52 (1952) REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2627

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): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 2136 Circle

3208

3. NAME OF DECEASED (Type or Print)
a. (First): Ruth
b. (Middle): Marie
c. (Last): Tinoco

4. DATE OF DEATH: (Month) 6 (Day) 8 (Year) 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: 2-16-1952
9. AGE (In years last birthday): If under 1 year: Months 5, Days 22; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (State or foreign country): K.C. Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Manuel Tinoco
13b. MOTHER'S MAIDEN NAME: Hope Gomez
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S SIGNATURE OR NAME: Record Clerk: K.C. Gen. No. 1
ADDRESS

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acidosis and dehydration — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undetermined cause
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Otitis media left

3912

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

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) 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* June 7, 19 52, *to* June 8, 19 52, *that I last saw the deceased alive on* June 8, 19 52, *and that death occurred at* 4:25A m., *from the causes and on the date stated above.*

23a. SIGNATURE: B. I. Burns M.D. (Degree or title)
23b. ADDRESS: 24th & Cherry
23c. DATE SIGNED: 6-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-10-52
24c. NAME OF CEMETERY OR CREMATORY: St. Marys
24d. LOCATION (City, town, or county) (State): Kansas City Mo.

DATE REC'D BY LOCAL REG.: 6-10-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: R. E. Wulf
ADDRESS: K.C. 8. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 1458

Signed George E Feeney Sr
Student Embalmer

Signed B. E. Weilert

Licensed Embalmer No. 4075

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.