

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

AUG 4 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3275</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wendell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>50 yrs</u>		c. CITY (If inside corporate limits, write RURAL and give township) <u>Kansas City</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>1357 S. 26th</u>			
3. NAME OF DECEASED a. (First) <u>Francisco</u>			b. (Middle) _____		c. (Last) <u>Contreras</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-17-52</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Mex</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>2-8-1875</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____		IF OVER 1 YEAR Years _____ Months _____ Days _____		IF OVER 60 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Welder - Federal Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico</u>		12. CITIZEN OF WHAT COUNTRY? -
13a. FATHER'S NAME <u>Gregencio Contreras</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Contreras</u>		14. NAME OF HUSBAND OR WIFE <u>Refugio Contreras</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>511-03-1615</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louisa Contreras</u>			ADDRESS <u>13910 Cantelero</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of esophagus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 mos</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					150X ?
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe coronary artery disease & myocardial infarct.</u>					
19a. DATE OF OPERATION <u>7/15/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of esophagus</u>					20. AUTOPSY? YES <input checked="" 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>7 July, 1952</u> to <u>16 July, 1952</u> , that I last saw the deceased alive on <u>16 July, 1952</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John H. Mayer, Jr.</u> (M.D., or title) <u>John H. Mayer Jr. MD</u>				23b. ADDRESS <u>618 Prof Bldg. KC Mo</u>		23c. DATE SIGNED <u>7/18/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Albans</u>		24d. LOCATION (City, town, or county) (State) <u>KC MO</u>	
DATE REC'D BY LOCAL REG. <u>7-19-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Detlev B. ...</u> ADDRESS _____			

(Licensed Embalmers' 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 _____

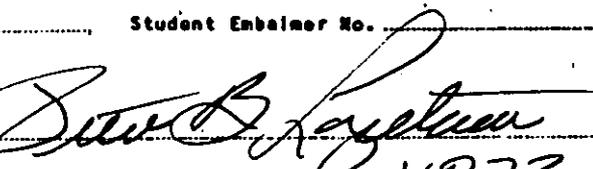
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No.

4273

P. O. Address

KC 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.