

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44546

State File No. \_\_\_\_\_

5799

FILED JAN 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</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) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3124 Brooklyn</u>		d. STREET ADDRESS (If rural, give location) <u>3424 Brooklyn 3548</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SANTIAGO</u>	b. (Middle) <u>P.</u>	c. (Last) <u>Joshua</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>0</u>	<u>WHT.</u>	<u>Married</u>	<u>Dec 25, 1902</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHT.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 25, 1902</u>	9. AGE (In years last birthday) <u>50</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 100 Hrs. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>METAL FASHIONER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FORD MOTORS</u>	11. BIRTHPLACE (City and State, or Foreign Country) <u>Philippine Islands</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samasa Dlose</u>	13b. MOTHER'S MAIDEN NAME <u>MICHELA</u>	14. NAME OF HUSBAND OR WIFE <u>RUBY JOSHUA</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>495-07-8375</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Joshua</u>	ADDRESS <u>3424 Brooklyn K.C. MO</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>4201</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic heart disturbance</u>		
	DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Aug 20, 1949 to Dec 31, 1952, that I last saw the deceased alive on 12, 26, 1952, and that death occurred at P m., from the causes and on the date stated above.

23a. SIGNATURE <u>B.S. Bourke, M.D.</u>	(Degree or title)	23b. ADDRESS <u>1207 Lindbergh Blvd. K.C. Mo</u>	23c. DATE SIGNED <u>1/1</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-3-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>
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DATE REC'D BY LOCAL REG. <u>12-31-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u>	ADDRESS <u>Kansas City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Bourke  
Richter Body

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 \_\_\_\_\_

Melvin Barton

Student Embalmer No. 438

working under my personal supervision.

Student Melvin Barton  
Student Embalmer

Signed F Lee Schaberg

Licensed Embalmer No. 4513

P. O. Address Odessa, 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.