

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1407

State File No. 237

FILED FEB 14 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1 002 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) Kansas City		c. LENGTH OF STAY (In this place) 2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3298	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1011 West 24th St.				d. STREET ADDRESS (If rural, give location) 1651 Summit St.			
3. NAME OF DECEASED (Type or Print) a. (First) Jose b. (Middle) Cruz c. (Last) Esparza			4. DATE OF DEATH (Month) (Day) (Year) 1-11-53				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5-30-1930		9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months Days	IF UNDER 1 MRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life or as retired) Bus Boy			10b. KIND OF BUSINESS OR INDUSTRY Unemployed		11. BIRTHPLACE (City and State or Foreign Country) K.C. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Antonio Esparza		13b. FATHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-30-1387		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Antonio Esparza: 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Rib Fractures  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sub Acute Deamancy  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH f983
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo			
21d. TIME OF INJURY 1-11-53 8:45 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Beaten w/ beer blunt instrument			
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 Geo. C. Kealhofer M.D. (Degree or title) Geo C Kealhofer M.D. Deputy Coroner				23b. ADDRESS 4050 Broadway Bldg		23c. DATE SIGNED 1-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-16-53	24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Kansas City Mo.		
DATE REC'D BY LOCAL REG. 1-16-53		REGISTRAR'S SIGNATURE Berildine Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D.C. Walek, K.C. Mo.			

(Licensed Embalmer's 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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed B. E. Weiland  
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.