

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18300

State File No.

No. 300
10.48

FILED MAY 21 1953

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2175

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

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 OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this office) <u>2 1/2</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>907 Penn St.</u>		e. STREET ADDRESS (If rural, give location) <u>112 1/2 W. 24th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mike</u> b. (Middle) <u>Torrez</u> c. (Last) <u>Torrez</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-20-53</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-16-1920</u>	
9. AGE (In years) (Month) (Day) <u>32</u>		10. IF UNDER 14 YEARS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pensioner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S.V.A.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>K.C. Mo.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Tedro Torrez</u>		13b. MOTHER'S MAIDEN NAME <u>Marmola</u>	
14. NAME OF HUSBAND OR WIFE <u>Ramona Torrez</u>			
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no or unknown) <u>Yes</u> <u>W.W.2 Korean</u>		16. SOCIAL SECURITY NO. <u>"Unk."</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ramona Torrez</u>		ADDRESS <u>711 W. 20th St.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Feeding tab. w/and</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		<u>3220</u>	
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)		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) (Minute)		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 _____, 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 <u>Geo. C. Kehlhofer</u> (Degree or title)		23b. ADDRESS <u>4050 Resolway St. Cmo.</u>	
23c. DATE SIGNED <u>4-21-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-25-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-24-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>G.C. Weibel</u>		ADDRESS <u>K.C. 8, Mo.</u>	

Jan 15 1954

no 2432

JUN 8 1953

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 Signature of Student Embalmer

Signed B. E. Willett

Licensed Embalmer No. 4075

P. O. Address R. C. S. M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.