

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**8628**

State File No. ....

**1009**

No. 300  
10-48

BIRTH NO. **FILED MAR 25 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>36 years</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Luthern Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Luthern Hospital</b>		STREET ADDRESS (If rural, give location) <b>1108 Admiral Blvd.</b>	<b>315 D</b>
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Joel</b>		a. (First) <b>Joel</b>	b. (Middle) <b>Espinosa</b>
c. (Last) <b>Espinosa</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Mar. 5, 1954</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>July 12, 1890</b>
<b>9. AGE</b> (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Maint. Man</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Trinity Luthern Hos</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Mexico</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>		<b>13a. FATHER'S NAME</b> <b>Jose Espinosa</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Felicitas Marromas</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Elisa Espinosa</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>510-05-7481</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Novarro (Sister-in-law)</b> <b>K.C. Mo</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive Aorta</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Cerebral Hemorrhage.</b>	
DUE TO (c) <b>Cause undetermined</b>		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		<b>331X</b>	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>Trinity Luthern Hospital</u>, 19<u>54</u>, that I last saw the deceased alive on <u>Mar. 5, 1954</u>, and that death occurred at <u>K.C., Mo.</u> from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>Jack H. Hill</b> (Degree or title) <b>A</b>		<b>23b. ADDRESS</b> <b>2001 Wyandotte St KCMO</b>	<b>23c. DATE SIGNED</b> <b>5 Mar 54</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>3-8-1954.</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Olivet Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kansas City, Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>3-6-54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Seraldine Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Quirk &amp; Tobin, 20 W. Linwood, K.C. Mo.</b>	

(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~~ ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Forrest D. Coldman* .....

Licensed Embalmer No. *471* .....

P. O. Address *K. R. 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.