

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18839

State File No. 2530

FILED JUL 1 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		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>BARRY</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>3 MO</u>		c. CITY OR TOWN <u>Monett</u>		0051	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Box 283 512 Logan</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JERRY</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Cavasos</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>Never Married</u>		8. DATE OF BIRTH <u>April 21, 1953</u>	
9. AGE (In years last birthday) <u>1 yr.</u>		If under 1 year: Months <u>1</u> Days <u>24</u> Hours <u>12</u> Min. <u>00</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hatch, New Mexico</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		13a. FATHER'S NAME <u>Garrett Cavasos</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Mae Jones</u>	
14. NAME OF HUSBAND OR WIFE <u>None</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MERCY HOSP. K.C. Mo.</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>BRONCHOPNEUMONIA</u>  ANTECEDENT CAUSES DUE TO (b) <u>Severe brain damage.</u> <u>Con. m. of</u>  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          <u>351 X</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) _____		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>3-3-</u> , 19 <u>54</u> , to <u>6-5</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-5</u> , 19 <u>54</u> , and that death occurred at <u>9:20</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) _____				23b. ADDRESS <u>Mercy Hospital</u>		23c. DATE SIGNED <u>6-5-54</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>6-6-54</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>EL PASO TEXAS</u>	
DATE REC'D BY LOCAL REG. <u>6-5-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u> ADDRESS <u>K.C. Mo.</u>			

(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 .....

Student Embalmer

Signed

*Melvin Darteau*

Licensed Embalmer No. *4902*

P. O. Address *RC 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.