

FILED NOV 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33768**
Registrar's No. **4926**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4926			
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) 38 yrs		c. CITY OR TOWN Kansas City		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 2334 Holly St.				e. STREET ADDRESS (If rural, give location) 2334 Holly St. 3300					
3. NAME OF DECEASED (Type or Print) a. (First) Alejo			b. (Middle)		c. (Last) Aguilar		4. DATE OF DEATH (Month) (Day) (Year) 10-23-54		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-17-1886		9. AGE (In years) (If under 1 year: Months) (If under 2 hrs: Days) (Hours) (Min.) 68	
10a. USUAL OCCUPATION (Give kind of work comprising most of work in life, even if retired) Track Laborer			10b. KIND OF BUSINESS OR INDUSTRY K.C. Terminal R.R.			11. BIRTHPLACE (City and State or Foreign Country) Mexico 3		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Francisco Aguilar			13b. MOTHER'S MAIDEN NAME Clara Medel			14. NAME OF HUSBAND OR WIFE Jessie Aguilar			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify known) (If yes, give year or dates of service) No			16. SOCIAL SECURITY NO. 2203-9165		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Limon Aguilar: Same				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease						INTERVAL BETWEEN ONSET AND DEATH 4200	
*This does not mean the mode of dying, such as heart failure, asphyxia, 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) _____ DUE TO (c) _____							
		II. 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 No Post Mortem						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Natural		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens, Coroner ³			23b. ADDRESS 1034 Bradford			23c. DATE SIGNED 10-23-54			
24a. BURIAL CREMATION OR REMOVAL (Specify)		24b. DATE 10-25-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 10-24-54		REGISTRAR'S SIGNATURE Neva Mitchell		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS B.C. Weiler, R.C.S.M.					

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

NOV 18 1947

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. Weichert*

Licensed Embalmer No... *401*

P. O. Address... *K.C. 87*

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.