

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4792**
773

BIRTH NO. **2004-55** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **773**

1. PLACE OF DEATH **Childrens Mercy Hospital**
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) OR TOWN **Kansas City** c. LENGTH OF STAY (in this place) **5 days**

c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Childrens Mercy Hospital** STREET ADDRESS (If rural, give location) **200 2120 Madison**

3. NAME OF DECEASED (Type or Print) a. (First) **Robert** b. (Middle) **-** c. (Last) **Garcia** 4. DATE OF DEATH (Month) (Day) (Year) **2-18-55**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Infant** 8. DATE OF BIRTH **1-7-55** 9. AGE (In years last birthday) IF UNDER 1 YEAR Months **1** Days **19** IF UNDER 24 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Infant** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and State or Foreign Country) **K.C. Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Jesus Garcia** 13b. MOTHER'S MAIDEN NAME **Ethel Hernandez** 14. NAME OF HUSBAND OR WIFE **Infant**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) **none** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Jesus M. Garcia** ADDRESS **2120 Madison K.C. Mo.**

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Peritonitis** INTERVAL BETWEEN ONSET AND DEATH **8 days**
ANTECEDENT CAUSES
DUE TO (b) **Septicemia** **4 days**
DUE TO (c) **Probable omphalitis**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Pneumonia** **493 x 4 days**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-14**, 1955, to **2-17**, 1955, that I last saw the deceased alive on **2-17**, 1955, and that death occurred at **1:20** a.m., from the causes and on the date stated above.

23a. SIGNATURE **Wayne Hart** (Degree or title) **MD** 23b. ADDRESS **1710 Indep Ave K.C. Mo** 23c. DATE SIGNED **2-18-55**

24a. BURIAL CREMATION REMOVAL (Specify) **Burial** 24b. DATE **2-19-55** 24c. NAME OF CEMETERY OR CREMATORY **Forest Hill** 24d. LOCATION (City, town, or county) (State) **Kansas City Mo.**

DATE REC'D BY LOCAL REG. **2-19-55** REGISTRAR'S SIGNATURE **neva minshall** 25. FUNERAL DIRECTOR'S SIGNATURE **B.E. Weir** ADDRESS **K.C. Mo.**

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..... *B. E. Wulst*

Licensed Embalmer No. *497*

P. O. Address..... *K.C.S.*

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.