

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21189

State File No. ....

FILED AUG 15 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 825

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Joseph</u> <u>2</u> )	c. LENGTH OF STAY (in this place) township) <u>19 yrs - 17 days</u>	c. CITY OR TOWN <u>Kansas City</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>State Hospital #2</u>		f. STREET ADDRESS (If rural, give location) <u>705 Bristol</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MANUEL</u>	b. (Middle)	c. (Last) <u>LUGO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 2, 1955</u>
---	-------------	-----------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Nov 3, 1915</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Min.
--------------------	-------------------------------	---	-------------------------------------	---	------------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico</u> <u>3</u>	12. CITIZEN OF WHAT COUNTRY? <u>Registration certificate</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>Ramon Lugo</u>	13b. MOTHER'S MAIDEN NAME (unknown) <u>Ceropion</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eulalia Cardello, 705 Bristol, 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		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heat exhaustion</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Excessive heat</u> DUE TO (c) <u>Dementia praecox, hebephrenic type</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>131</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Jan 1, 1955, to Aug 2, 1955, that I last saw the deceased alive on Aug 2, 1955, and that death occurred at 4:40P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Fernest Thomas M.D.</u>	23b. ADDRESS <u>State Hospital #2, City</u>	23c. DATE SIGNED <u>Aug 2, 1955</u>
---	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>Aug 4, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
--	------------------------------	------------------------------------	--

DATE REC'D BY LOCAL REG. <u>Aug 8, 1955</u>	REGISTRAR'S SIGNATURE <u>Heather M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John P. Sheil, 6606 Independence, K.C., Mo.</u>
---	---	---

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

X Signed *Richard E. Canoll*

Licensed Embalmer No. *482*

P. O. Address *SE 20*

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.