

FILED AUG 23 1955

STANDARD CERTIFICATE OF DEATH

26536

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3519

1. PLACE OF DEATH
a. COUNTY Jackson 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City c. LENGTH OF STAY (If this place) 3 1/2 yrs
OR TOWN Kansas City 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 1827 E 8th e. STREET ADDRESS (If rural, give location) 1827 E 8th

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Jose P. c. (Last) Troncoso 4. DATE OF DEATH (Month) (Day) (Year) 8-9-55

5. SEX M 6. COLOR OR RACE Mex 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 3-19-1902 9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) Track Lab. 10b. KIND OF BUSINESS OR INDUSTRY R.R. 11. BIRTHPLACE (City and State or Foreign Country) Mexico 12. CITIZEN OF WHAT COUNTRY? 3

13a. FATHER'S NAME Martino Troncoso 13b. MOTHER'S MAIDEN NAME Martina Jameriz 14. NAME OF HUSBAND OR WIFE Lellie Troncoso

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 108-14-3690 17. INFORMANT'S SIGNATURE OR NAME Lellie Troncoso ADDRESS 1827 E 8th

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1827 E 8th

*This does not mean the mode of dying, such as heart failure, asthenia, 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) Arterio Sclerotic Heart Disease DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 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 NOT WHILE AT WORK 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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) _____ 23b. ADDRESS 1034 Realty Bldg 23c. DATE SIGNED 8-9-55

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 24b. DATE 8/9/55 24c. NAME OF CEMETERY OR CREMATORY Mt Calvary 24d. LOCATION (City, town, or county) (State) CC Kansas

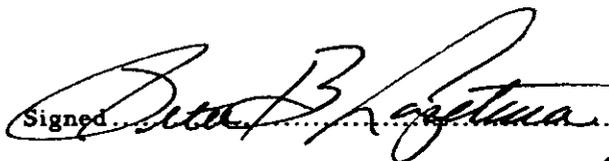
DATE REC'D BY LOCAL REG. 8-10-55 REGISTRAR'S SIGNATURE meva minshall 25. FUNERAL DIRECTOR'S SIGNATURE Scott B. ... ADDRESS 1201 ...

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 .....

Licensed Embalmer No. 477

P. O. Address KC 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.