

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33280**
4340

FILED OCT 25 1955

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

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) OR TOWN Kansas City		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 General Hospital No. 1		e. STREET ADDRESS (If rural, give location) 310 Main	
3. NAME OF DECEASED a. (First) Jose b. (Middle) _____ c. (Last) Hidalgo			4. DATE OF DEATH (Month) (Day) (Year) 10 3 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, & WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8-21-1892
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (City and State or Foreign Country) Mexico
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Unemployed	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Maria Hidalgo	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Record Clerk: K.C. Pen. Dep. #1
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute posterior myocardial infarction	
		INTERVAL BETWEEN ONSET AND DEATH 4201	
		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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. INCIDENT (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Sept. 27, 1955 , to Oct. 3, 1955 , that I last saw the deceased alive on Oct. 3, 1955 , and that death occurred at 8:25 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE B. I. Burns (Degree or title) M.D.		23b. ADDRESS 24th & Cherry	
23c. DATE SIGNED 10-3-1955			
24a. BUREAU, CREMATION, OR REMOVAL (Specify) 10-8-55		24b. DATE 11-4-55	
24c. NAME OF CITY OR TOWNSHIP K.C. Health Society		24d. LOCATION (City, town, or county) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 10-10-55		REGISTRAR'S SIGNATURE Neva Marshall	
		25. FUNERAL DIRECTOR'S SIGNATURE B. G. Weibel: K.C. & Mo	

(Licensed Embalmer's Statement on Reverse Side)

USE UNLEADING BLACK INK—MAKE A PERMANENT RECORD
 WRITE CLEARLY—USE UNLEADING BLACK INK—MAKE A PERMANENT RECORD
 WRITE CLEARLY—USE UNLEADING 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. W. W. W.*

Licensed Embalmer No. *407*

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.