

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33349

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 42882

1. PLACE OF DEATH a. COUNTY <u>Jackson</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 township) <u>Kansas City</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"/>
c. LENGTH OF STAY (in this place) <u>27 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>2140 Holly 330th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp. #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Madalene</u> b. (Middle) <u>B.</u> c. (Last) <u>Sanchez</u>			4. DATE OF DEATH Month <u>10</u> Day <u>3</u> Year <u>55</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>7-22-1891</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work considering most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Mauricio Bravo</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Arango</u>		14. NAME OF HUSBAND OR WIFE <u>Marcosio Sanchez</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Vol. 1-1-1</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. Santos Medrano: 2318 Holly</u>	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke + Lomonoxys secondary from ruptured liver + massive retroperitoneal hemorrhage</u> DUE TO (b) <u>fracture of right leg</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>	
		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Texas City Jackson Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-3-55 5th m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by a car</u>	

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 <u>Geo. G. Kealhofer</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>6627 Crestwood Ave</u>		23c. DATE SIGNED <u>10-4-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-7-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>10-5-55</u>		REGISTRAR'S SIGNATURE <u>Mary Marshall</u>		FURNERAL DIRECTOR'S SIGNATURE <u>B. E. Welton</u>		ADDRESS <u>R. C. & No.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11/15

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. [Signature]

Licensed Embalmer No. 707

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.