

FILED JUL 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NO. 20477
REG. NO. 2573

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1420 Main</i> Length of stay in lb <input checked="" type="checkbox"/>		d. STREET ADDRESS <i>1420 Main</i> (If outside give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Santiago Echevarria</i> First Middle Last		4. DATE OF DEATH <i>6-8-56</i> Month Day Year	
5. SEX <i>Male</i> <input checked="" type="checkbox"/> <input type="checkbox"/>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>9-26-26</i>
10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) <i>Bus Boy</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (City and state or country) <i>9</i>
13. FATHER'S NAME <i>-</i>		14. MOTHER'S MAIDEN NAME <i>-</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <i>317-36-9146</i>	17. INFORMANT <i>Coroners office</i> Address
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bullet Wound Chest</i>			INTERVAL BETWEEN ONSET AND DEATH <i>8976X</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Shot himself in Chest over Heart</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>1026 a.m. 6-8-56</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Kansas City Jackson Mo</i>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Hugh H. Owens</i> (Degree or title) 3		22b. ADDRESS <i>1034 Piatts Blvd</i>	22c. DATE SIGNED <i>6-11-56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>6-12-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City Kans</i>
24. FUNERAL DIRECTOR ADDRESS <i>Peter B. Lupatins 538 Campbell</i>		25. DATE REC'D BY LOCAL REG. <i>6-12-56</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Louis B. Foster*

Licensed Embalmer No. *18*

P. O. Address *K.C.M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.