

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23897**
3045

FILED AUG 8 - 1956

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

1. PLACE OF DEATH
a. COUNTY Jackson 30 yrs
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) Kansas City c. LENGTH OF STAY (In this place)
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 Research Hospital
e. STREET ADDRESS (If rural, give location) 45 2732 Madison 3450

3. NAME OF DECEASED a. (First) Romalda b. (Middle) Oliva c. (Last) Oliva
4. DATE OF DEATH (Month) (Day) (Year) 7-10-56

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH 3-29-1885 9. AGE (In years last birthday) 71

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

13a. FATHER'S NAME Jose Perez 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Eligio Oliva

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Eligio Oliva ADDRESS 2732 Madison

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
*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
DUE TO (b) Arterial Sclerotic Heart Disease
DUE TO (c) Diabetes
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 5-60 hr

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

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 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 3/27/56, 19 , to 7/10/56, 19 , that I last saw the deceased alive on July 10, 1956, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE Don A. Black (Degree or title) M.D. 23b. ADDRESS 924 Professional Bldg. 23c. DATE SIGNED 7/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 7-14-56 24c. NAME OF CEMETERY OR CREMATORY Mt Calvary 24d. LOCATION (City, town, or county) (State) J. C. Kansas

DATE REC'D BY LOCAL REG. 7-13-56 REGISTRAR'S SIGNATURE neva-minshall 25. GENERAL DIRECTOR'S SIGNATURE B. B. Wulch ADDRESS 100.8 Mo

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 *Blaine E. Willett*.....

Licensed Embalmer No. *4072*

P. O. Address *W. P. & M.*

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.