

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1448

STATE FILE NUMBER

190

FILED FEB 4 1957

Registration District No. 149 Primary Registration District No. 1007 Registrar's No. _____

Health, Welfare
Public
Service

800
-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
M. B. Casebolt

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, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4015 Blue Ridge				Length of stay in lb 15 yrs.		d. STREET ADDRESS 4015 Blue Ridge		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MERCEDES Middle _____ Last ROJAS				4. DATE OF DEATH Month 1 Day 12 Year 57					
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12-9-1901		9. AGE (In years last birthday) 55-56		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dietitian			10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and state or country) Mexico		12. CITIZEN OF WHAT COUNTRY? USA Mexico		
13. FATHER'S NAME Ysidro Vasquez				14. MOTHER'S MAIDEN NAME Maria Martinez					
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. 486-36-6781		17. INFORMANT Mrs. Ruth Ramirez, 4015 Blue Ridge			Address cut off	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of reticulendothelium Cancer Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) unknown							INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 171X		
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.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
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.)		20f. CITY, TOWN, OR LOCATION 1957			COUNTY _____ STATE _____	
21. I attended the deceased from June 1, 1955 to Jan 12, 1956 and last saw her alive on 1-12-57 . Death occurred at 11:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE M. B. Casebolt MD (Degree or title)				22b. ADDRESS 4000 Baitur...		22c. DATE SIGNED 1-12-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-14-57	23c. NAME OF CEMETERY OR CREMATORY Green Lawn		23d. LOCATION (City, town, or county) Kansas City		(State) Mo.		
24. FUNERAL DIRECTOR Wagner Funeral Home, K C Mo.			25. DATE RECD. BY LOCAL REG. 1-14-57		26. REGISTRAR'S SIGNATURE Neva Marshall				

(Licensed Embolmer's Statement on Reverse Side)

3:00
VA 1-5115

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 *Alvin R. Hausch*

Licensed Embalmer No. *412*

P. O. Address *H. C. 2*

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.