FILED APR 2 - 1957

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 8872

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1181

**1. PLACE OF DEATH**
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1 — Length of stay in 29yrs

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri ~~Jackson~~ b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 712 Cambridge (If outside, give location) — Reside on Farm Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print) First: Isabel Middle: Last: Rodriquez

**4. DATE OF DEATH** Month 3 Day 12 Year 1957

**5. SEX** Female

**6. COLOR OR RACE** Mexican

**7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH** July 12 1911

**9. AGE** (In years last birthday) 45 — 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) Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (City and state or country) Mexico

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME** Tomas Saragosa

**14. MOTHER'S MAIDEN NAME** Jouita Minguale

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) No — (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.** none

**17. INFORMANT** Ascension Rodriquez 712 Cambridge (Address)

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) — 360X

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 ☐ NO ☒

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

**20c. TIME OF INJURY** Hour a. m. p. m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from Feb. 17, 1957 to March 12, 1957 and last saw her alive on March 12, 1957
Death occurred at 3 : 10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** B. I. Burns (Degree or title) M.D.
B. I. Burns, M.D.

**22b. ADDRESS** 24th & Cherry

**22c. DATE SIGNED** 3-12-57

**23a. BURIAL, CREMATION, REMOVAL** (Specify) Burial

**23b. DATE** March 14 1957

**23c. NAME OF CEMETERY OR CREMATORY** St Mary's Cemetery

**23d. LOCATION** (City, town, or county) (State) Kansas City Missouri

**24. FUNERAL DIRECTOR** Sheil Funeral Home — ADDRESS Kansas City Mo

**25. DATE RECD. BY LOCAL REG.** 3-13-57

**26. REGISTRAR'S SIGNATURE** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold P. Rice

Licensed Embalmer No. 4-4

P. O. Address Kansas

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.