FILED AUG 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24877

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3521

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Trinity Lutheran — Length of stay in Hospital: 2 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Wyandotte
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 1503 S. 26th St. — Reside on Farm: Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First: Infant — Middle: Girl — Last: Villanueva

4. DATE OF DEATH: Month 7 Day 24 Year 57

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ✓ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7-22-57

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months — Days 2; IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): K.C. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Rogelio Villanueva

14. MOTHER'S MAIDEN NAME: Theresa Arroyo

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: Rogelio Villanueva — Address: Same

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) Atelectasis of Lungs — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Premature Twin — 7 MO Pre
DUE TO (c) Unknown — 7625
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 ☐ No SUICIDE ☐ No HOMICIDE ☐ No

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): None

20c. TIME OF INJURY: Hour a. m. p. m. No — Month, Day, Year: No

20d. INJURY OCCURRED WHILE AT WORK ☐ No 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 7-22-57, to 7-24-57 and last saw her/him alive on 7/24/57. Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M.B. Casebolt M.D. (Degree or title)

22b. ADDRESS: 4000 Baltimore K.C. Mo.

22c. DATE SIGNED: 7/25/57

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

23b. DATE: 7-26-57

23c. NAME OF CEMETERY OR CREMATORY: Calvary

23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: Weilert's — ADDRESS: 2332 Monitor Pl. K.C. Mo.

25. DATE RECD. BY LOCAL REG.: 7-26-57

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

M. B. Casebolt, M.D.

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed B. E. Weibert

Licensed Embalmer No. 40

P. O. Address KC 8

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.