t. Health,
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FILED NOV 20 1957

STANDARD CERTIFICATE OF DEATH

40463
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5120

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ] c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL — Length of stay in 1b 24 years	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Jackson c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [ ] No [ ] d. STREET ADDRESS 7½ E. 12th Street (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First: SAM	Middle	Last: LOPEZ	4. DATE OF DEATH Month Day Year: Nov. 2, 1957	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: April 23, 1885	9. AGE (In years at last birthday): 72 — 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): None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Oklahoma City, Oklahoma	12. CITIZEN OF WHAT COUNTRY?: U.S.A.	
13a. FATHER'S NAME: Ben Lopez	13b. MOTHER'S MAIDEN NAME: Unknown	14. NAME OF HUSBAND OR WIFE: Edith Lopez		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI	16. SOCIAL SECURITY NO.: none	17. INFORMANT: VA Hospital Official Records, Kansas City, Mo	Address	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Confluent bronchopenumonia, RML RLL

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c) Lung abscess, large R. U. L. Etiology undetermined — 521 X

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 [X] 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 October 31, 1957, to November 2, 1957, and last saw him on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 3:10 AM

22a. SIGNATURE J. A. Turner (Degree or title) M.D. — 22b. ADDRESS VA Hospital, Kansas City, Mo. — 22c. DATE SIGNED 11/2/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 11-4-57 — 23c. NAME OF CEMETERY OR CREMATORY: Mt Washington — 23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: D. W. Newcomer's Sons — ADDRESS: K.C. Mo. — 25. DATE RECD. BY LOCAL REG.: 11-2-57 — 26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Signed *Basil V. Honey*

Signature of Student Embalmer

Licensed Embalmer No. *4724*

P. O. Address *K.C., Mo.*

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.