

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8439-58

1342

State File No. \_\_\_\_\_

FILED FEB 13 1958

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|--|--|--|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>  |  | c. LENGTH OF STAY (in this place) <u>Life</u>  |  | c. CITY OR TOWN <u>KANSAS CITY</u>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>        |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>   |  |  |  | e. STREET ADDRESS (If rural, give location) <u>1720 JEFFERSON</u>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>BABY FRANK</u>   |  | a. (First)   |  | b. (Middle)   |  | c. (Last) <u>MEDRANO</u>  |  |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>1 18 58</u>   |  | 5. SEX <u>male</u>   |  | 6. COLOR OR RACE <u>W</u>   |  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED, DIVORCED (specify) <u>0</u> |  |
| 8. DATE OF BIRTH <u>1-14-58</u>  |  | 9. AGE (In years last birthday) <u>4</u>   |  | IF UNDER 1 YEAR Months <u>10</u> Days <u>35</u>   |  | IF UNDER 24 HRS. Hours <u>10</u> Min. <u>35</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MISSOURI</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>   |  |
| 13a. FATHER'S NAME <u>JOE MEDRANO</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Mary Medina</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>JOSEPH</u>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |  | 16. SOCIAL SECURITY NO. <u>none</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary medrano</u> ADDRESS <u>1720 Jefferson</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTRACRANIAL (Subarachnoid) Hemorrhage</u>   |  |   |  |   |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>TEAR OF TENTORIUM CEREBRI</u> |  |   |  |   |  |
|  |  | DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                    |  |   |  |   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |
| 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)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>1-16</u> , 19 <u>58</u> , to <u>1-18</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1-18</u> , 19 <u>58</u> , and that death occurred at <u>2:35 p.m.</u> , from the causes and on the date stated above. |  |  |  |   |  |   |  |
| 23a. SIGNATURE <u>Gerald E. Hughes</u> (Degree or title) <u>M.D.</u>   |  |  |  | 23b. ADDRESS <u>6509 PROSPECT, KC MO</u>  |  | 23c. DATE SIGNED <u>1-22-58</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>1-23-58</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>St Marys Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>K.C. MO</u>  |  |
| DATE REC'D BY LOCAL REG. <u>1-23-58</u>  |  | REGISTRAR'S SIGNATURE <u>neva minshall</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>P. C. Weckert</u> ADDRESS <u>K.C. Mo</u>  |  |   |  |

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD  
Gerald E. Hughes

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..... *B. E. Weiler*

Licensed Embalmer No. *4075*

P. O. Address *K.C. 872*

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.