

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017369

STATE FILE NUMBER

FILED JUN 9 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 371

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		Length of stay in lb 43 yrs.	d. STREET ADDRESS 6033 Gordon		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jose Middle R. Last Hernandez			4. DATE OF DEATH Month May Day 29 Year 1958.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 13, 1900	9. AGE (In years last birthday) 58	IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ham Grader		10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.	11. BIRTHPLACE (City and state or country) Silao, Mexico	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Luciano Hernandez		13b. MOTHER'S MAIDEN NAME Emilia Rocha		14. NAME OF HUSBAND OR WIFE Louise Hernandez	
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. 487-05-0817	17. INFORMANT Mrs. Louise Hernandez St. Joseph, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Insufficiency (Known approx 1 wk) DUE TO (c) 4201					INTERVAL BETWEEN ONSET AND DEATH Four minutes
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input 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 type="checkbox"/>		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 1-10-49 to 5-29-58 and last saw him alive on 5-28-58 Death occurred at D.O.A. 7:50 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Wm B. Reath, M.D. (Degree or title)			22b. ADDRESS 316 North St Joseph Mo		22c. DATE SIGNED 5-29-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial	May 31, 1958.	Mt. Olivet Cemetery		St. Joseph, Missouri.	
24. FUNERAL DIRECTOR'S NAME AND ADDRESS Meierhoffer, Beeman, & Co. St. Joseph, Mo.			25. DATE RECD. BY LOCAL REG. May 31, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

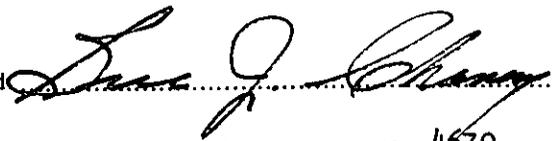
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1-57

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 
Licensed Embalmer No. 4679
P. O. Address St. Joseph, 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.