

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38944-58

58-018072

STATE FILE NUMBER 2147

FILED MAY 29 1958

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

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Conley Maternity		Length of stay in lb 1 hr. 54 min.	d. STREET ADDRESS 535 Charlotte 610 Garfield		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Baby Middle Girl Last Cervantes			4. DATE OF DEATH Month 5 Day 13 Year 1958		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/13/58		9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 54 IF UNDER 24 HRS. Hours 1 Min. 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Life		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas City, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Andres Cervantes		
13b. MOTHER'S MAIDEN NAME Erminda Duran			14. NAME OF HUSBAND OR WIFE Erminda Cervantes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT Erminda Cervantes Address K.C. 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) Anoxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atelectesia DUE TO (c) Prematurity					INTERVAL BETWEEN ONSET AND DEATH 7 hrs
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 3:45 Month, Day, Year 5/14/58 a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 5/13/58 to 5/13/58 and last saw her alive on 5/13/58 Death occurred at 3:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Arthur W. Swift MD (Degree or title) 1			22b. ADDRESS 2105 Independence Ave., K. C., Mo.		22c. DATE SIGNED 5/14/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/14/58	23c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's Cem., 538 Campbell, K. C., Mo.		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Doc B. Kustan ADDRESS K.C. Mo.		25. DATE RECD. BY LOCAL REG. 5-14-58		26. REGISTRAR'S SIGNATURE Neva Minshel	

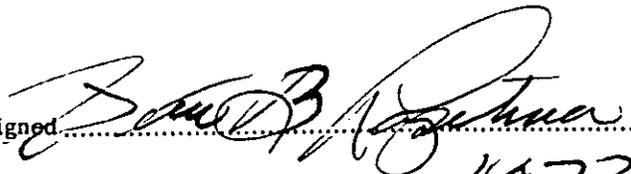
All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
Luther W. Swift, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. 4273
P. O. Address J.C. 2710

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.