

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021835
STATE FILE NUMBER 3007

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

FILED JUL 14 1958

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY San Gabriel	
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 Burbank Wide Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. General Hosp 14th		Length of stay in the	804 8 STREET ADDRESS 610 E Palm Ave (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR CHAVEZ			4. DATE OF DEATH Month Day Year 6-12-1958
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 Jan 10 1925
9. AGE (In years last birthday) 33		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker	11. BIRTHPLACE (City and state or country) Kansas City, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME Joe Chavez		13b. MOTHER'S MAIDEN NAME Josephine Estrada	14. NAME OF HUSBAND OR WIFE Glebo
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II		16. SOCIAL SECURITY NO. 499-18-0794	17. INFORMANT Address Glebo Chavez 610 E Palm Burbank Calif
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Stab wound 7 left side of chest and into heart</u> DUE TO (b) <u>chest and into heart</u> DUE TO (c) _____ 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 checked="" type="checkbox"/> NO <input type="checkbox"/>			INTERVAL BETWEEN ONSET AND DEATH c982+
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Stabbed - chest</u>	
20c. TIME OF INJURY Hour .Month, Day, Year 3:00 a.m. 6-12-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hotel</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson Miss	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Charles W. McPherson, M.D.</u>		22b. ADDRESS 6027 Broad St St Louis	22c. DATE SIGNED 6-12-58
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE 6-18-58	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem	23d. LOCATION (City, town, or county) (State) K.C. Mo.
24. FUNERAL DIRECTOR ADDRESS SEBETO'S KC Mo.		25. DATE RECD. BY LOCAL REG. 6-16-58	26. REGISTRAR'S SIGNATURE New Minshall

All diseases in Part I must be causally related.

Geo. C. Kealhofer USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Leonard Pasantino*

Licensed Embalmer No. *4554*

P. O. Address *LC 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.