

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022119
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3000

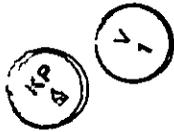
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1-57

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>CLAY</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARYS</u>		Length of stay in lb <u>45 days.</u>	d. STREET ADDRESS (If outside, give location) <u>5229 N. BALES</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MUSTIN</u> Middle <u>D.</u> Last <u>VALDEPENA</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>13</u> Year <u>1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 5, 1901</u>	9. AGE (In years last birthday) <u>58</u> 59 IF UNDER 1 YEAR: Months <u>58</u> Days <u>59</u> IF UNDER 24 HRS.: Hours <u>58</u> Min. <u>59</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SWIFT PARKING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SWIFT PARKING</u>		11. BIRTHPLACE (City and state or country) <u>CALIFORNIA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>RAYMOND Valdepena</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF DECEASED'S WIFE <u>VERNA VALDEPENA</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>510-07-9892</u>	
17. INFORMANT <u>DON VALDEPENA</u>		Address <u>TOPEKA, KANS.</u>		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>Pulmonary edema</u> DUE TO (b) <u>Metastases from hypernephroma</u> DUE TO (c) <u>Hypernephroma rt kidney</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1804</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>one week</u>		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 <u>7:20</u> Month, Day, Year <u>P.M.</u>		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 <u>KANSAS CITY</u>		STATE <u>MO.</u>	
21. I attended the deceased from <u>March 1957</u> to <u>June 13, 1958</u> and last saw him alive on <u>June 13, 1958</u> Death occurred at <u>7:20 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>M. A. Gline</u>		(Degree or title) <u>M.D.</u>		22b. ADDRESS <u>4126 St. John KC. Mo</u>	
22c. DATE SIGNED <u>6-14-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>6-16-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>MELLODY M. GIBNEY EYLER</u>		ADDRESS <u>K.P. Mo. 1800 E. LINWOOD</u>		25. DATE RECD. BY LOCAL REG. <u>6-14-58</u>	
26. REGISTRAR'S SIGNATURE <u>Nora Minshall</u>		(Licensed Embalmer's Statement on Reverse Side)			

M. A. Gline USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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

E. C. Gibson

Licensed Embalmer No.

4137

P. O. Address

Galveston, Tex. 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.