

FILED FEB 27 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005622

STATE FILE NUMBER

828

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

300
-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>General Hosp</i>		Length of stay in lb <i>1951</i>	d. STREET ADDRESS (If outside, give location) <i>1910 Cleveland</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>AMOS</i> Middle <i>HURTADO</i> Last			4. DATE OF DEATH Month <i>2</i> Day <i>12</i> Year <i>59</i>	
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5. SEX <i>M</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>6-30-1883</i>	9. AGE (In years, <small>that birthday</small>) <i>75</i>	10. F UNDER 1 YEAR Months _____ Days _____	11. F UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Section Hand</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>R.R.</i>	11. BIRTHPLACE (City and state or country) <i>Mexico</i>	12. CITIZEN OF WHAT COUNTRY? <i>Mexico</i>
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13a. FATHER'S NAME <i>Epetacio Hurtado</i>	13b. MOTHER'S MAIDEN NAME <i>Andrea Ceja</i>	14. NAME OF HUSBAND OR WIFE <i>Mary R.</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>513-01-6783</i>	17. INFORMANT Address <i>Mary R. Hurtado 1910 Cleveland</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Parkinsons Disease</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from _____ to _____ and last saw her/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) <i>Ruth A Owens Corwin</i>	22b. ADDRESS <i>1034 Walnut Bldg</i>	22c. DATE SIGNED <i>2-12-59</i>
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23a. BURIAL REMOVAL, (Name of Specifier) <i>Burial</i>	23b. DATE <i>2-14-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City Kans</i>
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24. FUNERAL DIRECTOR ADDRESS <i>SEBETO'S R.C. Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>2-13-59</i>	26. REGISTRAR'S SIGNATURE <i>Gene Marshall</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

High H. Owens

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 *Forrest D. Goldenow*

Licensed Embalmer No. *4714*

P. O. Address *KC 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.