

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013144

STATE FILE NUMBER  
1591

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

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Inside Limits Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hospital Length of stay in 1b 42 yrs  
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson  
c. CITY OR TOWN Kansas City Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 2307 Holly Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last CIPRIANO A. AGUILAR  
4. DATE OF DEATH Month Day Year 3 27 59  
5. SEX male 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED   
8. DATE OF BIRTH 9-24-1892 9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Finisher 10b. KIND OF BUSINESS OR INDUSTRY U.S. Public Service Villa Morelos Mich. Mexico 11. BIRTHPLACE (City and state or country) Mexico 12. CITIZEN OF WHAT COUNTRY?  
13a. FATHER'S NAME Antonio Aguilar 13b. MOTHER'S MAIDEN NAME Emeteria Aguirre 14. NAME OF HUSBAND OR WIFE Helfina Aguilar  
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. 486-09-5989A 17. INFORMANT Address Mrs. Maria Moreno; 2310 Jaxbe St. 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) Hemorrhagic broncho-pneumonia  
DUE TO (b) C Fatty Liver  
DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 491X  
19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 3-26-59 to 3-27-59 and last saw <sup>her</sup>him alive on 3-27-59  
Death occurred at 8:03 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Alexander Tolson 22b. ADDRESS Gen. Hospital 22c. DATE SIGNED 3-27-59

23. PLACE OF CREMATION 23a. DATE 3-30-1959 23b. NAME OF CEMETERY OR CREMATORY Calvary Cemetery Kansas City, Missouri 23c. LOCATION (City, town, or county) (State) Kansas  
24. FUNERAL DIRECTOR ADDRESS Walter Funeral Home (W) 200 E. 1st St. C. Mo. 25. DATE RECD. BY 3-28-59 26. REGISTRAR'S SIGNATURE Neva Marshall

All diseases in Part I must be causally related.  
Abraham Geppert, M.D.  
MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
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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 ..... *B. E. Willett* .....

Licensed Embalmer No. *4675* .....  
P. O. Address... *K.C. 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.