

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017756
State File No.

FILED MAY 29 1959

BIRTH NO. 0 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2242

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, write RURAL and give town or township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 12 minutes		d. STREET ADDRESS (If rural, give location) 2018 Summit	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran			

3. NAME OF DECEASED (Type or Print) a. (First) unnamed b. (Middle) boy c. (Last) Hernandez		4. DATE OF DEATH (Month) (Day) (Year) 4 10 59	
5. SEX male	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 4-10-59
9. AGE (In years last birthday) 12		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) C Kansas City, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Harry Faustino Hernandez		13b. MOTHER'S MAIDEN NAME Lucy Lopez		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Harry Hernandez	
				ADDRESS 2018 Summit K.C.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis		ANTECEDENT CAUSES DUE TO (b) Pneumatury		1 day	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 0 YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 7625		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-10, 1959, to 4-10, 1959, that I last saw the deceased alive on 4-10, 1959, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Robert F. Lamb		(Degree or title) M.D. Prof. Bldg.		23b. ADDRESS		23c. DATE SIGNED 18 Apr 1959	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 27 Apr 59		24c. NAME OF CEMETERY OR CREMATORY Trinity Hospital		24d. LOCATION (City, town, or county) (State) KC Mo	

DATE REC'D BY LOCAL REG. 5-5-59		REGISTRAR'S SIGNATURE Nevada Marshall		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
---------------------------------	--	---------------------------------------	--	----------------------------------	--	---------	--

ROBERT F. LAMB - USING UNFADING INK - MAKE A PERMANENT RECORD



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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.