

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021665

Health,
Welfare
Public
Service

FILED JUL 8 1959

Registration District No. 149

Primary Registration District No. 1002

STATE FILE NO. 2596
Registrar's No.

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hospital		Length of stay in 1b 37 yrs.	d. STREET ADDRESS (If outside, give location) 3541 Olive		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Refugio Middle - Last Rivera			4. DATE OF DEATH Month 6 Day 17 Year 59		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-4-1878		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Union Pacific RR	11. BIRTHPLACE (City and state or country) Irapuato, Mexico		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jose Rivera		13b. MOTHER'S MAIDEN NAME Josepha Florez		14. NAME OF HUSBAND OR WIFE Guadalupe Rivera	
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. 702-14-8281		17. INFORMANT Address Mr. David H. Rivera; 3616 South Benton K.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) Bilateral Broncho-Pneumonia with Recent TUR.					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) 491X					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from 5-17-59 to 6-17-59 and last saw ^{xxx} _{him} alive on 6-17-59 . Death occurred at 10:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Abraham Gelpert			22b. ADDRESS General Hospital		22c. DATE SIGNED 6-18-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-20-1959		23c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery Kansas City, Kansas	
23d. LOCATION (City, town, or county) (State) Kansas City, Kansas		24. FUNERAL DIRECTOR ADDRESS WEILERT FUNERAL HOMES (W) K.C., MO.		25. DATE RECD. BY LOCAL REG. 6-19-59	
26. REGISTRAR'S SIGNATURE Reva Marshall					

Abraham Gelpert, M.D. 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 *B. E. Weibert*

Licensed Embalmer No. *4075*

P. O. Address *2 E 8 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.