

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

'59 0 4 4 3 6 0

FILED VS DEC 2 0 1959

Registration District No. 1002 Registrar's No. 5854

STATE FILE NUMBER

MEMORANDUM

|  |  |  |  |
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| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>                |  | c. CITY OR TOWN <b>Kansas City</b>   |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Joseph Hops.</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>2624 Cypress</b>   |  |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>JAIME</b> Middle <b>TORRES</b> Last <b>TORRES</b> |  |  | 4. DATE OF DEATH<br>Month <b>Dec.</b> Day <b>2</b> Year <b>1959</b> |  |  |
|---|--|--|---|--|--|

|                       |  |   |  |                                    |   |  |
|-----------------------|--|---|--|------------------------------------|---|--|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White (Mex)</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Nov. 28, 59</b> | 9. AGE (last birthday)<br><b>5</b> | IF UNDER 1 YEAR<br>Months <b>5</b> Days <b>3</b> Hours <b>0</b> Min. <b>0</b> | IF UNDER 24 HR<br>Hours <b>0</b> Min. <b>0</b> |
|-----------------------|--|---|--|------------------------------------|---|--|

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>Kansas City, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
|---|-----------------------------------|---|--|

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| 13a. FATHER'S NAME<br><b>Jose Torres</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Lucy Murray</b> | 14. NAME OF HUSBAND OR WIFE<br><b>--</b> |
|--|---|--|

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|---|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT<br><b>Jose Torres, 2624 Cypress, K.C., Mo.</b> | Address |
|---|--|--|---------|

|  |   |                                  |
|--|---|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |   | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <b>ENTEROCOLITIS ACUTE</b>   |   | <b>5 DAYS.</b>                   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <b>MEGALOCOLN CONGENITAL</b> |                                  |
|  | DUE TO (c)                              |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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|   |                  |
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| 20c. TIME OF INJURY<br>Hour <b>7:00</b> a.m. <b>7:00</b> p.m. | Month, Day, Year |
|---|------------------|

|  |  |   |        |       |
|--|--|---|--------|-------|
| 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<br><b>Kansas City, Mo.</b> | COUNTY | STATE |
|--|--|---|--------|-------|

21. I attended the deceased from **NOV 28 - 59** to **DEC 2 - 59** and last saw her/him alive on **DEC 2 - 1959**  
 Death occurred at **7:00** m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |  |                                    |
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| 22a. SIGNATURE<br><b>Edward P. Altomare</b> (Degree or title) <b>M.D.</b> | 22b. ADDRESS<br><b>2610 E 63rd St. KC Mo</b> | 22c. DATE SIGNED<br><b>12-4-59</b> |
|---|--|------------------------------------|

|  |                               |   |  |
|--|-------------------------------|---|--|
| 23a. MANNER OF CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>Dec 3, 59</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. St. Mary's Cem</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Mo.</b> |
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| 24. FUNERAL DIRECTOR<br><b>Peter B. Lapetina, K.C., Mo.</b> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>12-4-59</b> | 26. REGISTRAR'S SIGNATURE<br><b>Irene Marshall</b> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Edward P. Altomare

**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

**NOT EMBALMED**  
Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_  
P. O. Address \_\_\_\_\_

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.