

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001365

FILED VS JAN 25 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 83

STATE FILE NUMBER

INDEXED

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Jackson | | a. STATE Missouri COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Length of stay in 1b 40 yrs. | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1844 Jefferson | | d. STREET ADDRESS (If outside, give location) 1844 Jefferson | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |

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|-------------------------------------|--------|------|------------------|----------|-----------|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | |
| First | Middle | Last | Month | Day | Year |
| REFUGIO - ARROYO | | | 1 | 7 | 60 |

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|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|---------------------------|------------------------|-------|------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-22-87 | 9. AGE (last birthday) 72 | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days | Hours | Min. |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|---------------------------|------------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packing House Worker | 10b. KIND OF BUSINESS OR INDUSTRY Meat Packing Co's | 11. BIRTHPLACE (City and state or country) Mexico | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Gandelario Arroyo | 13b. MOTHER'S MAIDEN NAME Rosario Cuevas | 14. NAME OF HUSBAND OR WIFE Louise Arroyo |
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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) No | 16. SOCIAL SECURITY NO. "unknown" | 17. INFORMANT Address Mrs. Louise Arroyo: 1844 Jefferson K.C., Mo. |
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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Coronary Occlusion | | |
| DUE TO (b) Arteriosclerosis | | |
| DUE TO (c) Myocarditis | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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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| 20c. TIME OF INJURY Hour, a.m. or p.m. Month, Day, Year Nov | 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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| 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 Dec 1, 1959 to Jan 1, 1960 and last saw him alive on 1-1-1960.
Death occurred at his home on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) M. B. Caschelt MD | 22b. ADDRESS 4000 Baltimore Rd - E 710 | 22c. DATE SIGNED 1-9-60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1-9-60 | 23c. NAME OF CEMETERY OR CREMATORY Mount Saint Mary's | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| 24. FUNERAL DIRECTOR ADDRESS WEILERT FUNERAL HOMES(S) K.C., MO. | 25. DATE RECD. BY LOCAL REG. 1-7-60 | 26. REGISTRAR'S SIGNATURE Neva Minshall |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
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 K. C. 8, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.