

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-015685

FILED VS. MAY 5 1960

Registration District No. 49

Primary Registration District No. 1002

Registrar's No.

2170

STATE FILE NUMBER

ENDED

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		Length of stay in 1b 47 years		c. CITY OR TOWN 626 Cambridge		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 809 Cambridge			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Kansas City,			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Tony Middle Vasquez Last Vasquez				4. DATE OF DEATH Month April Day 14th. Year 1960			
5. SEX Male	6. COLOR OR RACE Mexican	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-29-1914	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.		11. BIRTHPLACE (City and state or country) Mexico		12. CITIZEN OF WHAT COUNTRY Mexico
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Marie Vasquez	
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. 702-12-3513		17. INFORMANT Address Antonio Vasquez 2116 Jefferson 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) Death due to Strangulation DUE TO (b) Caught neck in Picket Fence DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Alcohol Content blood .269						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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Found with head caught					
20c. TIME OF INJURY Hour 4-1410 Month, Day, Year in Picket Fence							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office, etc.) 809 Cambridge Kansas City		20f. CITY, TOWN, OR LOCATION Jackson		COUNTY Mo.	STATE Mo.
21. I attended the deceased from _____ to _____ and last saw him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Sheil H. Owens				22b. ADDRESS 1034 Picket Fld			22c. DATE SIGNED 4-15-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-18-60	23c. NAME OF CEMETERY OR CREMATORY St Mary's Cem.		23d. LOCATION (City, town, or county) Kansas City Mo.		(State)
24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City, Mo.				ADDRESS	25. DATE RECD. BY LOCAL REG. 4-18-60	26. REGISTRAR'S SIGNATURE Neva Marshall	

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 Richard E. Carroll.

Licensed Embalmer No. 4829

P. O. Address KC 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.