URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-025889

STATE FILE NUMBER

FILED VS JUL 25 1960

ENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 781

1. PLACE OF DEATH a. COUNTY: Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 4 mo.	c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hospital — Inside Limits: Yes ☑ No ☐	d. STREET ADDRESS (If outside, give location): 3013 No. 7th St. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print)	First: RANDY	Middle: DEAN	Last: DELGADO	4. DATE OF DEATH	Month: July Day: 17 Year: 1960
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 3/14/60	9. AGE (last birthday): —	IF UNDER 1 YEAR: Months 4 Days 3 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (City and state or country): St. Joseph Missouri	12. CITIZEN OF WHAT COUNTRY: U S A		
13a. FATHER'S NAME: David Delgado	13b. MOTHER'S MAIDEN NAME: Marilyn Stevenson	14. NAME OF HUSBAND OR WIFE: None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Mrs. Marilyn Delgado	Address: 3013 No. 7th St. Joseph, 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): respiratory failure, central

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): cerebral damage from anoxia

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 3-14-60, to 7-17-60 and last saw him alive on 7-17-60

Death occurred at 4:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard L. Maginn M.D.	22b. ADDRESS: St. Joseph, Mo	22c. DATE SIGNED: 7-18-60	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 7/19/60	23c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery	23d. LOCATION (City, town, or county): St. Joseph (State): Missouri
24. FUNERAL DIRECTOR: Stamey Funeral Home N.H.S.	ADDRESS: St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG.: July 20, 1960	26. REGISTRAR'S SIGNATURE: Mrs. Clarke Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF R.L. Maginn M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles E Bennett

Signature of Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St Joseph M

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