

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025942

FILED VS AUG 1 1960

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 798

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Buchanan		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		a. STATE Mo		b. COUNTY Buchanan	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 219 Clayton		Length of stay in 1b 42yrs		c. CITY OR TOWN St. Joseph,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 315 Texas		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Middle Last Esequiel (Cledo) Olvera				Month Day Year July 17, 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 10,	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY XXXX		11. BIRTHPLACE (City and state or country) St. Joseph, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Daniel Olvera			13b. MOTHER'S MAIDEN NAME Grace Lopez			14. NAME OF HUSBAND OR WIFE none	
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.		17. INFORMANT Address Daniel Olvera St. Joseph, Mo			
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) Traumatic shock + hemorrhage						at once	
DUE TO (b) Crushing blow on head + chest cut						at once	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Trial respect pending						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Beaten on head + throat cut					
20c. TIME OF INJURY Hour Month, Day, Year 1 July 17 60 219 Clayton St St Joseph Buchanan MO	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 bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from injured body and last saw him alive on July 17-60 Death occurred at 1 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) S. F. McElwee M.D. Physician				22b. ADDRESS 214 Westpark St Joseph, Mo		22c. DATE SIGNED July 22-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/19/60	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) St. Joseph, Mo		23e. (State)	
24. FUNERAL DIRECTOR John E. [Signature]			25. DATE RECD. BY LOCAL REG. July 27, 1960	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell			

DOCUMENT

BY AFFIDAVIT OF S. F. McELWEE, M.D. MEDICAL CERTIFICATION

SEP 20 1960

STATEMENT BY LICENSED EMBALMER

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

by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John E. Rupp

Licensed Embalmer No.

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P. O. Address

St. Joseph

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.