

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1960

-60-041987

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5451

NDED

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 48 days	c. CITY OR TOWN Pleasant Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1207 College Hill		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRED Middle LOUIS Last FERRER			4. DATE OF DEATH Month 10th Day 26th Year 1960		
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 9/1/94	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 7 Days 25 Hours 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sealer AM. Scale Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cuerio, New Mexico		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Mauricio Lucero		13b. MOTHER'S MAIDEN NAME Leandra Sierra		14. NAME OF HUSBAND OR WIFE Margaret Ferrer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 487-16-6348A		17. INFORMANT Margaret Ferrer Address (Wife) A HOSPITAL OFFICAL RECORDS, K. C. 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) HEMOPERITONEUM					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) RUPTURE OF SPLEEN DUE TO (c) AMYLOIDOSIS OF LIVER AND SPLEEN					
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	
19. WAS AUTOPSY PERFORMED? 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ 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		COUNTY	STATE
2VA) attended the deceased from <u>9-7-60</u> to <u>10-26-60</u> 10/27/60 Death occurred at <u>11:55 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS M.D. VA Hospital, K. C. Mo.		22c. DATE SIGNED 10/27/60	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	23b. DATE 10-29-60	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.		23d. LOCATION (City, town, or county) (State) Pleasant Hill Mo.	
24. FUNERAL DIRECTOR Wallace Funeral Home ADDRESS Pleasant Hill Mo.		25. DATE RECD. BY LOCAL REG. 10-29-60	26. REGISTRAR'S SIGNATURE 14-L-Owyer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 1 1960

MAY 9 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James C. Wallace

Licensed Embalmer No. 39

P. O. Address Plasan

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