

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046302

FILED VS JAN 11 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6335 STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		a. STATE Missouri COUNTY Jackson		c. CITY OR TOWN Kansas City	
Length of stay in lb 36 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital				d. STREET ADDRESS (If outside, give location) 829 Pennsylvania			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First JOSEPH		Middle THOMAS		Last RIVAS		Month 12 Day 15 Year 60	
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 2-18-98	9. AGE (last birthday) 62	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) waiter		10b. KIND OF BUSINESS OR INDUSTRY Hotels		11. BIRTHPLACE (City and state or country) Durango, Mexico		12. CITIZEN OF WHAT COUNTRY Mexico	
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Mary Rivas	
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 K.C., 16, Mo. Dr. Richard Rivas; 1821 East 32nd Terr			
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) BILATERAL ASPIRATION BRONCHOPNEUMONIA - IMED.							
DUE TO (b) LOBAR PNEUMONIA - RT. UPPER LOBE							ABOUT 2 Wks
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NUTRITIONAL CIRRHOSIS							PART III. If deceased was female was there 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 Month, Day, Year a.m. p.m. -	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
21. I attended the deceased from 12-14-60 to 12-15-60 and last saw her/him alive on 12-15-60 Death occurred at KC. GEN. HOSPITAL, 6:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Mark D. Ost, M.D.				22b. ADDRESS KC. GEN. HOSPITAL			22c. DATE SIGNED 12/15/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-17-60	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
24. FUNERAL DIRECTOR ADDRESS WEILERT FUNERAL HOMES (S) K.C., MO.				25. DATE RECD. BY LOCAL REG. 12.16.60		26. REGISTRAR'S SIGNATURE H. L. Dwyer	

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Mark D. Ost

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 B. C. Wheeler

Licensed Embalmer No. 407

P. O. Address K. C. 8.

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.