

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-025454

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3333 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFRUIT OF

FILED JUN 26 1961

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 39 yrs.
 c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Spind Marys Hospital Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside give location) 2340 Madison Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) Joaquin MARTIMIANO RODRIGUEZ
 4. DATE OF DEATH 7 1 61

5. SEX Male 6. COLOR OF RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 1-1-01 9. AGE (last birthday) 60

10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) Truck Laborer 10b. KIND OF BUSINESS OR INDUSTRY Kansas City Term. Parkwood Co. 11. BIRTHPLACE (City and state or country) SAN FRANCISCO GUANAJATO, MEXICO 12. CITIZEN OF WHAT COUNTRY MEXICO

13. FATHER'S NAME Bonifacio Rodriguez 13b. MOTHER'S MAIDEN NAME E. Leuteria Jacinto 14. NAME OF HUSBAND OR WIFE Sophia Rodriguez

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) no 7. INFORMANT Mrs. Sophia Rodriguez: 2340 Madison

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Dissecting aneurism of aorta -
 DUE TO (b) rupture of heart
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 _____ Month, Day, Year _____ a.m. _____ p.m.

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 June 26/61 to July 1st/61 and last saw her alive on June 30/61
 Death occurred at St. Marys Hospital on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Nicholas Jaime 22b. ADDRESS 715 Westport Road 22c. DATE SIGNED 7/1/61

23a. BURIAL, CREMATION, or REMOVAL (Specify) Burial 23b. DATE 7-5-61 23c. NAME OF CEMETERY OR CREMATORY Mount Spind Marys 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Widext Funeral Homes (or) J.L.M. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 7-4-61 26. REGISTRAR'S SIGNATURE Ruth Long

STATEMENT BY LICENSED EMBALMER

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

of by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Jack F. Moore _____

Licensed Embalmer No. 4729

P. O. Address Kansas City, Mo.

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.