

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-044760**

**FILED DEC 22 1961**

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6174 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in Ib- <b>D.O.A.</b>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Saint Mary's Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1347 South 27th St.</b>
3. NAME OF DECEASED (Type or print) First <b>NICOLASA</b> Middle <b>ZARAGOZA</b> Last <b>HERNANDEZ</b>		4. DATE OF DEATH Month <b>12</b> Day <b>6</b> Year <b>1961</b>	

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	B. DATE OF BIRTH <b>2-14-05</b>	9. AGE (last birthday) <b>56</b>	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) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>St. Mary's Hosp.</b>	11. BIRTHPLACE (City and state or country) <b>Merida Yucatan, Mexico</b>	12. CITIZEN OF WHAT COUNTRY <b>Mexico</b>
13a. FATHER'S NAME <b>Macedonio Zaragoza</b>	13b. MOTHER'S MAIDEN NAME <b>Fernanda Lopez</b>	14. NAME OF HUSBAND OR WIFE <b>Reynaldo Hernandez</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>K.C., MO.</b> <b>Mrs. Anita Martinez: 2616 East 7th.</b>	

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 <b>3 days</b>
IMMEDIATE CAUSE (a)	<b>Arteriosclerotic Heart Disease, with Insufficiency, congestive Failure</b>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	<b>Arteriosclerosis Generalized with Coronary sclerosis, severe, arterial hypertension</b>	
DUE TO (b)	<b>Diabetes Mellitus, Mod severe</b>	<b>5 yrs.</b>
DUE TO (c)		<b>5 yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>		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 type="checkbox"/> NO <input checked="" 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.) <b>None</b>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <b>None</b>	Month, Day, Year <b>None</b>	
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, factory, street, office bldg., etc.) <b>None</b>	20f. CITY, TOWN, OR LOCATION <b>None</b>

21. I attended the deceased from **Jan 1960** to **Dec 6 1961** and last saw her/him alive on **12-6-61**  
Death occurred at **12-6-61 1:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (In free or title) <i>Harold A. Burke</i>	22b. ADDRESS <b>1019 Argyle BLDG,</b>	22c. DATE SIGNED <b>12-8-61</b>
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>12-9-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Calvary Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>
---	-----------------------------	---	---

24. FUNERAL DIRECTOR <b>WEILERT FUNERAL HOMES (W) K.C., MO.</b>	25. DATE RECD. BY LOCAL REG. <b>12-8-61</b>	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
--	--	---

APR 6 1962

**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,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max E Meyer

Licensed Embalmer No. 2415

P. O. Address K. C. Ks.

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.