

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001891

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 582 STATE FILE NUMBER

AMENDED

FILED FEB 13 1962

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b> Length of stay in 1b <b>50 yrs</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b> c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>733 No Prospect</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Joseph's Hosp.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>733 No Prospect</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <b>RITO</b> Middle <b>MONTE</b> Last <b>MONTE</b>			<b>4. DATE OF DEATH</b> Month <b>1</b> Day <b>29</b> Year <b>62</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>5/12/1903</b>	<b>9. AGE (last birthday)</b> <b>58</b>	<b>IF UNDER 1 YEAR</b> Months <input type="checkbox"/> Days <input type="checkbox"/>	<b>IF UNDER 24 HR</b> Hours <input type="checkbox"/> Min. <input type="checkbox"/>

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Maintenance</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Chemogros Corp</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Galup, N. M.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U S A</b>
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<b>13a. FATHER'S NAME</b> <b>Francisco Lopez</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Maria Montes</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Paula Romero Montes</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT</b> Address <b>Mrs. Paula Montes 733 No Prospect</b>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Rupture, aneurysm, Cook of Willis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertensive cardiac-vascular disease</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b> <b>6 mo.</b>
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<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)		<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
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<b>21. I attended the deceased from</b> <u>1/29/62</u> to <u>1/29/62</u> and last saw him alive on <u>1/29/62</u> Death occurred at <u>2 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		<b>22c. DATE SIGNED</b> <b>1/30/62</b>
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<b>22a. SIGNATURE</b> (Degree or title) <i>William J. Cuniff</i>	<b>22b. ADDRESS</b> <b>836 Cuyler Bldg</b>	<b>22c. DATE SIGNED</b> <b>1/30/62</b>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>23b. DATE</b> <b>2/1/62</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>St Mary's Cem.</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>Kansas City, Mo.</b>
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<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Sheil Funeral Home, K. C. Mo.</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>1-31-62</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Ruth H. Long</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 Mc Cuniff  
 BY AFFIDAVIT OF  
 SHOULD READ  
 ITEM NO.

**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  \_\_\_\_\_

Licensed Embalmer No. 4954

P. O. Address J. C. 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.