

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2230-62-015356
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2230

FILED MAY 14 1962

VS 300
Rev. 4/59

1

233082

3

4 6

5 2

6

7 2

8 0

9260X

10

11

1290-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

C. Alexander

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 51 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2310 Madison		d. STREET ADDRESS (If outside, give location) 2310 Madison	
3. NAME OF DECEASED (Type or print) First BARTOLO Middle MARTINEZ Last MARTINEZ		4. DATE OF DEATH Month 4 Day 21 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-24-87
9. AGE (last birthday) 74		IF UNDER 1 YEAR Months 10 Days 10 Hours 10 Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroads	11. BIRTHPLACE (City and state or country) Mexico
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Martinez 13c. NAME OF HUSBAND OR WIFE Isabel Zelasquez Elizabeth Martinez	
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. ***** 17. INFORMANT Gene Martinez: 2734 Belleview	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. Respiratory distress Myocardial infarction DUE TO (b) Respiratory distress DUE TO (c) Myocardial infarction		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 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.)		20c. TIME OF INJURY Hour 4:45 P a.m. 4:45 P p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION 1-2362		COUNTY 4-21-62 STATE 4-21-62	
21. I attended the deceased from 1-23-62 and last saw her alive on 4-21-62 Death occurred at 4:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE C. W. Alexander (Degree or title)	
22b. ADDRESS 151KN.S		22c. DATE SIGNED 4-23-62	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-25-1962	
23c. NAME OF CEMETERY OR CREMATORY Resurrection		23d. LOCATION (City, town, or county) Kansas City, Kansas (State)	
24. FUNERAL DIRECTOR Weilert's: 2332 Monitor Pl. K.C. ADDRESS Mo.		25. DATE RECD. BY LOCAL REG. 4-23-62	
26. REGISTRAR'S SIGNATURE Ruth Long			

USE BLACK INK OR TYPEWRITER RIBBON

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 B. E. Willet

Licensed Embalmer No. 4075

P. O. Address K. C. S. 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.