

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018126

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 538 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

15117
25117

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF M.B. Ames, M.D. MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAY 21 1962

1. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in 1b 4 yrs

c. CITY OR TOWN Kansas City Inside Limits Yes No

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 2 Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 2336 Bellevue Residence on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
JUANA PEREZ May 12 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/29/1901 9. AGE (last birthday) 61 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Mexico 12. CITIZEN OF WHAT COUNTRY unknown

13a. FATHER'S NAME Maugana 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Unknown

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 Address Records, State Hospital #2 St. Joseph, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary embolism INTERVAL BETWEEN ONSET AND DEATH 1/2 day
DUE TO (b) Thrombophlebitis R leg 3 weeks
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) A S H D and H C D Schizophrenia, chronic paranoid (1951)
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 20b. SUICIDE 20c. HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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 viewed the body to viewed the body on 12 May 1962
Death occurred at 3:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mary Beyer Ames, M.D. 22b. ADDRESS St. Joseph, Missouri 22c. DATE SIGNED 12 May 1962

23a. BURIAL, CREMATION REMOVAL (Specify) Removal 23b. DATE 5/13/62 23c. NAME OF CEMETERY OR CREMATOR St. Marys Cemetery 23d. LOCATION (City, town, or county) Kansas City Missouri

24. GENERAL DIRECTOR ADDRESS St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. May 15, 1962 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

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

Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address

St. Joseph 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.