

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

663-044215

6471

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6471

**FILED DEC 11 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

2 3 3 08

3

4 0

5 1

6

7 2

8 1

9 4 200

10

11

12 65-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> 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>46 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Saint Joseph Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2311 Jarboe</b>
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>MARTINEZ</b> Last <b>RAMIREZ</b>		4. DATE OF DEATH Month <b>11</b> Day <b>27</b> Year <b>1963</b>	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-29-99</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Section Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. Term. R.R.</b>		11. BIRTHPLACE (City and state or country) <b>Penjamo, Mexico</b>		12. CITIZEN OF WHAT COUNTRY <b>Mexico</b>
13a. FATHER'S NAME <b>"Unknown"</b>		13b. MOTHER'S MAIDEN NAME <b>"Unknown"</b>		14. NAME OF HUSBAND OR WIFE <b>Helen Rangel Ramirez</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>		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address <b>Mrs. Helen Ramirez; 2311 Jarboe, Mo. K.C.</b>		

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

ACUTE MYOCARDIAL INFARCTION

ARTERIOSCLEROTIC HEART DISEASE

WITH HEART FAILURE

INTERVAL BETWEEN ONSET AND DEATH  
**48 hrs**

OVER ONE YEAR

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CIRRHOSIS OF LIVER

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year	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, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>11/20/63</u> to <u>11/27/63</u> and last saw her alive on <u>11/27/63</u> Death occurred at <u>10:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) <i>Carlos Santoro M.D.</i>	22b. ADDRESS <b>1000 PROFESSIONAL BLDG</b>	22c. DATE SIGNED <b>29 Nov 63</b>
--	---	--------------------------------------

23a. BURIAL, CREMATION, REMOVAL, SPECIFY <b>Removal</b>	23b. DATE <b>12-4-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Kans.</b>
24. FUNERAL DIRECTOR ADDRESS <b>WEILERT FUNERAL HOMES (W) K.C., MO.</b>		25. DATE RECD. BY LOCAL REG. <b>11-29-63</b>	26. REGISTRAR'S SIGNATURE <i>Bessie Smith</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

