

FILED DEC 17 1949 THE DIVISION OF DEATHS STANDARD CERTIFICATE OF DEATH

State File No. **5095**

BIRTH NO.		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No.					
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> b. COUNTY <b>Jackson</b>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>20 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>909 W. 14 St.</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>											
3. NAME OF DECEASED a. (First) <b>Anesito</b>			b. (Middle)		c. (Last) <b>Soto</b>		4. DATE OF DEATH (Month) <b>11</b> (Day) <b>21</b> (Year) <b>1949</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr. 16, 1870</b>		9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>R.R.</b>		11. BIRTHPLACE (State or foreign country) <b>Mexico</b>		12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME <b>Felix Soto</b>			13b. MOTHER'S MAIDEN NAME <b>CLEMENCIA MUÑOZ</b>		14. NAME OF HUSBAND OR WIFE <b>Cecil Soto</b>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>710-05-0628</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Cecil Soto</b>		ADDRESS <b>Same</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION							
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertrophy and dilatation of heart</b></p> <p>ANTECEDENT CAUSES</p> <p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary edema and congestion</b></p>				INTERVAL BETWEEN ONSET AND DEATH							
				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION.			
				19c. DATE OF OPERATION				19d. MAJOR FINDINGS OF OPERATION.			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <b>Nov. 8, 1949</b> , to <b>Nov. 21, 1949</b> , that I last saw the deceased alive on <b>Nov. 21, 1949</b> , and that death occurred at <b>1:40 A.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Wm. W. Hart</b> (Degree or title)				23b. ADDRESS <b>Med. Dir. Gen'l Hosp.</b>		23c. DATE SIGNED <b>11-21-49</b>					
24a. BURIAL CREMATION (Specify)		24b. DATE <b>12-2-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kan.</b>					
DATE REC'D BY LOCAL REG. <b>12-1-49</b>		REGISTRAR'S SIGNATURE <b>Steraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. W. ...</b>		ADDRESS					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*H. Fager*

**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 .....  
Student Embalmer

Signed

*Blaine E. Walcutt*

Licensed Embalmer No. *14075*

P. O. Address: *L. C. 8, 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 this body is not embalmed, fact should be so stated above.