

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3880

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 222

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, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (In this place) 18 yrs. 1 mo. 14 da	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	3002 1
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 2		d. STREET ADDRESS (If rural, give location) Little Blue County Home	

3. NAME OF DECEASED (Type or Print) a. (First) Francisco b. (Middle) c. (Last) Morena			4. DATE OF DEATH (Month) (Day) (Year) Feb. 23 1951			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 5	8. DATE OF BIRTH Nov. 4 1886	9. AGE (In years last birthday) 64-	IF UNDER 1 YEAR Months 3 Days 19	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Mexico		12. CITIZEN OF WHAT COUNTRY? 31	

13a. FATHER'S NAME Rafael Moreno	13b. MOTHER'S MAIDEN NAME Aleja Ballesteros	14. NAME OF HUSBAND OR WIFE not given
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Maria Moreno	ADDRESS Douglas Arizona
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (Lobar)		INTERVAL BETWEEN ONSET AND DEATH 026X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Syphilitic mening encephalitis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1, 1951, to Feb 23, 1951, that I last saw the deceased alive on Feb 23, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Harrest Thomas O. M.D.	(Degree or title)	23b. ADDRESS St. Joseph Mo. State Hospital no 2	23c. DATE SIGNED 2/24-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Febr. 26, 1951	24c. NAME OF CEMETERY OR CREMATORY School of Osteopathy	24d. LOCATION (City, town, or county) (State) Kirksville, Missouri
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DATE REC'D BY LOCAL REG. Mar 1, 1951	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Herman W. Sidenhagen	ADDRESS 1802 Union St.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed..... *Robert H. Gaph*

Licensed Embalmer No. *3308*

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 this body is not embalmed, fact should be so stated above.