

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33415**
4512

FILED NOV 3 1951

BIRTH NO. 68132-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4512

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>2118</u>	
c. LENGTH OF STAY (In this place) <u>1 day 13 hrs. 9 min.</u>		d. STREET ADDRESS (If rural, give location) <u>414 West 13th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-22-51</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Alvarado</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED (Never married) <u>WIDOWED, DIVORCED (Specify)</u>	8. DATE OF BIRTH <u>10-21-51</u>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>7</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u>11</u> Min. <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U/S</u>

13a. FATHER'S NAME <u>Sony Antonio Alvarado</u>	13b. MOTHER'S MAIDEN NAME <u>Soledad Marin</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Sony Alvarado</u>	ADDRESS <u>414 West 13th St. Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pending Autopsy asphyxia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prolonged 2nd stage of labor</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7610</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 10-21, 1951, to 10-22, 1951, that I last saw the deceased alive on 10-22, 1951, and that death occurred at 2:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Angelo Lapi</u> <u>M.D. autopsist</u>	23b. ADDRESS <u>101 Memorial Drive</u>	23c. DATE SIGNED <u>10/23/51</u>
24a. BURIAL CREMATATION (Specify) <u>BURIAL</u>	24b. DATE <u>10-24-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kan</u>		

DATE REC'D BY LOCAL REG. <u>10-23-51</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. E. Weibel</u>	ADDRESS <u>K.C. 8 Mo.</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

B. E. Wenzel

Licensed Embalmer No. _____

4075

P. O. Address _____

K.C. 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.