

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5223

State File No. 522

S. No. 300  
V. 10.48

FILED FEB 16 1952

BIRTH NO. 14876 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY Jackson		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 Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 1621 WASHINGTON ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital			
3. NAME OF DECEASED a. (First) Jesse		b. (Middle) Rios	
c. (Last) Rios		4. DATE OF DEATH (Month) (Day) (Year) Feb 1 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 2-1-52
9. AGE (In years last birthday) 1		10. MONTHS 1	11. DAYS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) St. Joseph Hospital, K.C., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Ruben Hernandez Rios		13b. MOTHER'S MAIDEN NAME Margaret Aguilar	
14. NAME OF HUSBAND OR WIFE			
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. INFANT	
17. INFORMANT'S SIGNATURE OR NAME Ruben Rios, 1621 Washington, K.C., Mo.		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure 3 days duration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Polyhydramnios DUE TO (c) Multiple congenital defects II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) m.	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 2/1/52, to 2/1/52, that I last saw the deceased alive on 2/1/52, and that death occurred at 3:35 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph G. Webster (Degree or title) MD		23b. ADDRESS 1123 General Ave	
23c. DATE SIGNED 2/1/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 2-2-52	24c. NAME OF CEMETERY OR CREMATORY MAPLE HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY, KANSAS
DATE REC'D BY LOCAL REG. 2-2-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B.E. WERTZ, K.C., Mo.	

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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

Signed

Student Embalmer No. ....

Licensed Embalmer No. 4075

P. O. Address R. C. S. 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.