

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12900**

FILED MAY 3-1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1786

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

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) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>		d. STREET ADDRESS (If rural, give location) <b>2312 Belleview</b>	
3. NAME OF DECEASED a. (First) <b>Isabelle</b>		b. (Middle) _____ c. (Last) <b>Garcia</b>	
4. DATE OF DEATH <b>4 18 52</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (By city) <b>Married</b>	
8. DATE OF BIRTH <b>4-28-1916</b>		9. AGE (In years last birthday) <b>36</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <b>R.C. Mo.</b>		12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Frank Rio's</b>		13b. MOTHER'S MARDEN NAME <b>Mary Hernandez</b>	
13c. NAME OF HUSBAND OR WIFE <b>Ruben Garcia</b>		14. NAME OF HUSBAND OR WIFE <b>Ruben Garcia</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 NUMBER <b>Unk.</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ruben Garcia</b>		17. ADDRESS <b>Same</b>	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malignant chorioepithelioma with metastases to lungs, kidney and brain</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>		1737	
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 <b>March 29, 1952</b> , to <b>April 18, 1952</b> , that I last saw the deceased alive on <b>April 18, 1952</b> , and that death occurred at <b>9:30A m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>B.I. Burns</b> (Degree or title)		23b. ADDRESS <b>24th &amp; Cherry</b>	
23c. DATE SIGNED <b>4-19-52</b>		24a. BURIAL, CREMATION REMOVAL (Specify)	
24b. DATE <b>4-21-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		25. GENERAL DIRECTOR'S SIGNATURE <b>G.C. Weiler</b>	
DATE REC'D BY LOCAL REG. <b>4-19-52</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	
25. ADDRESS <b>R.C. Mo.</b>			

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. 4025

P. O. Address K.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.