

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13056**

BIRTH NO. FILED APR 19 1952		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1611			
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) Kansas City		c. LENGTH OF STAY (If this place) 2 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 1635 Jarboe St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1635 Jarboe St.				d. STREET ADDRESS 1635 Jarboe St.					
3. NAME OF DECEASED (Type or Print) a. (First) Policarpo			b. (Middle)		c. (Last) Oliva		4. DATE OF DEATH (Month) (Day) (Year) 4-6-52		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-26-1886		9. AGE (In years last birthday) Months Days 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Smith & Co.			11. BIRTHPLACE (City and State or Foreign Country) Mexico		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Troy Oliva			13b. MOTHER'S MAIDEN NAME Elvira Jimenez			14. NAME OF HUSBAND OR WIFE Margarita Oliva			
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." "No."		17. INFORMANT'S SIGNATURE OR NAME Margarita Oliva				ADDRESS Same	
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) Arteriosclerosis Liver				INTERVAL BETWEEN ONSET AND DEATH 581 D	
				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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		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)		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 <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>N.A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE Hugh H. Owens (Degree or title) 3				23b. ADDRESS 1036 Walnut Blvd				23c. DATE SIGNED 4-7-52	
24a. FUNERAL CREMATION REMOVAL (Specify) Funeral		24b. DATE 4-9-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24d. LOCATION (City, town, or county) (State) Kansas City, Kan.			
DATE REC'D BY LOCAL REG. 4-8-52		REGISTRAR'S SIGNATURE Seraldine Holmes				25. FUNERAL DIRECTOR'S SIGNATURE B. C. Welch ADDRESS V. C. S. Mo.			

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

B. E. Weibert

Licensed Embalmer No. 4075

P. O. Address K.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.