

JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20338**
2880

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

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2880</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wandotte</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		<u>8150</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Polyclinic Med. Ctr. & Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>42nd & Santa Fe Tracks</u>					
3. NAME OF DECEASED a. (First) <u>Delores</u>			b. (Middle)			c. (Last) <u>Balandran</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1952</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Mexican</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 23 1924</u>			
9. AGE (In years last birthday) <u>28</u>		if UNDER 1 YEAR Months		if UNDER 1 YEAR Days		if UNDER 18 Mos. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Detroit, Mich.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Philip Camacho</u>			13b. MOTHER'S MAIDEN NAME <u>Feliciano Trevino</u>			14. NAME OF HUSBAND OR WIFE <u>Margro Balandran</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Margro Balandran (Husband) KCK</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Endocarditis</u>					<u>592X</u>		
		ANTECEDENT CAUSES							
		DUE TO (b) <u>Acute Rheumatic fever</u> DUE TO (c) <u>Chronic Nephritis</u>							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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)		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>Aug. 18, 1951</u> , to <u>June 22, 1952</u> , that I last saw the deceased alive on <u>June 22, 1952</u> , and that death occurred at <u>2:18A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Name of this) <u>DO</u>				23b. ADDRESS <u>2301 Summit</u>		23c. DATE SIGNED <u>6-24-52</u>			
24a. BURIAL CREMATION (Specify)		24b. DATE <u>June 28 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>			
DATE REC'D BY LOCAL REG. <u>6-25-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Simmons Funeral Home KCK</u>			

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 Max C. Meyer.

Licensed Embalmer No. 4555

P. O. Address : Kansas City, 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.