

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42278
State File No. 5382

DEC 20 1952

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. 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 Hickman Mills	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 11225 Applewood Drive	

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) -Gara c. (Last) Garza -Gomez Gomez			4. DATE OF DEATH (Month) (Day) (Year) Dec 7 1952
--	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 19 1922	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
----------------------	-------------------------------	---	---------------------------------------	---	-----------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mexico	12. CITIZEN OF WHAT COUNTRY? Mexico
---	-----------------------------------	--	--

13a. FATHER'S NAME Ubaldo Garza	13b. MOTHER'S MAIDEN NAME Lupe Jimenez	14. NAME OF HUSBAND OR WIFE Salvador Gomez
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Salvador Gomez ADDRESS Hickman Mills, MO.
---	-------------------------------------	---

18. CAUSE OF DEATH Enter only one cause per paragraph, (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the direct injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) obstetrical shock		
	ANTECEDENT CAUSES delivery hydrocephalic baby Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown stillborn DUE TO (c) unknown		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. unknown			

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION no	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
----------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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) no	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 **June 1952**, 19 **Dec 7**, 19 **52** that I last saw the deceased alive on **Dec 7**, 19 **52**, and that death occurred at **11:55 A** from the causes and on the date stated above.

23a. SIGNATURE M. B. Casbolt (Degree or title)	23b. ADDRESS 4000 Baltimore	23c. DATE SIGNED 12-8-52
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec-10-1952	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. 12-9-52	REGISTRAR'S SIGNATURE Steraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster ADDRESS Kansas City Mo.
---	---	--

(Licensed Embalmers' Statement on Reverse Side)

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

Call her call

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

J. Virgil Steneck

Licensed Embalmer No. 3599

P. O. Address W E M

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 42278-V 2
Local Registrar's No. 5382

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8th day of April, 1953 before me appears Salvador Gomez

who, upon his oath, states that the original record of ^{birth} death
for Emma Gana Gomez died December 7, 1952, in the State of
Missouri, and which was filed at Kansas City, Mo. on Dec. 9, 1952, should be corrected as follows:

Item No. 3 should read Emma Garza Gomez

Instead of Emma Gana Gomez

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Salvador Gomez Husband Relationship.
11225 Applewood Dr.
Highway 251, 251, 251,
Present Address.

Subscribed and sworn to before me this 8th day of April, 1953

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

