THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18204

FILED MAY 27 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2371

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 1 mo. 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Marys Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City, Kansas
d. STREET ADDRESS (If rural, give location) 506 Osage 8150 8

3. NAME OF DECEASED (Type or Print)
a. (First) Herlinda
b. (Middle)
c. (Last) Oropeza

4. DATE OF DEATH (Month) (Day) (Year) 5-6-1953

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb 12, ~~1896~~ 1894
9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mexico 3
12. CITIZEN OF WHAT COUNTRY? Mexico

13a. FATHER'S NAME Eustaquio Anaya
13b. MOTHER'S MAIDEN NAME Coception Silva
14. NAME OF HUSBAND OR WIFE AUGUSTINE OROPEZA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Mrs Trina Torrez 506 Osage ADDRESS KCK

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia - Due to obstruction ureters

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Colon - Extension to ureter
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Encephalopathy

INTERVAL BETWEEN ONSET AND DEATH: 153X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION I Cancer Colon II Recurrence c bowel obstruction
20. AUTOPSY? YES [X] NO [ ]

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) No

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? No

22. *I hereby certify that I attended the deceased from* 11-1, 1952, *to* 5-6, 1953, *that I last saw the deceased alive on* 5-6, 1953, *and that death occurred at* A *m., from the causes and on the date stated above.*

23a. SIGNATURE W. A. Myers (Degree or title) W.A. Myers MD MD 0
23b. ADDRESS 1115 Grand ave. Kansas City Mo
23c. DATE SIGNED 5-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5-8-53
24c. NAME OF CEMETERY OR CREMATORY Mt Calvary
24d. LOCATION (City, town, or county) (State) Kansas City Ks

DATE REC'D BY LOCAL REG. 5-7-53
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE Katie Daniels Parish ADDRESS 1536-38 Minnesota KCKs

(Licensed Embalmer's Statement on Reverse Side)

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

Dr 0707

JUN 22 1953

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 Francis J Duff

Licensed Embalmer No. 4907

P. O. Address Kansas City,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.