

STANDARD CERTIFICATE OF DEATH

28797  
4242

State File No. \_\_\_\_\_

FILED SEP 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 0002 Registrar's No. \_\_\_\_\_

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

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) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) LIFE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital DOA		e. STREET ADDRESS (If rural, give location) 1218 West 21st Street 3320	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ruth c. (Last) Ojeda		4. DATE OF DEATH (Month) 8 (Day) 28 (Year) 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) CHILD	8. DATE OF BIRTH July 24 1952
9. AGE (in years) 38		10. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (City and State, or Foreign Country) Kansas City, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Modesto Ojeda		13b. MOTHER'S MAIDEN NAME Mary Conchola	
14. NAME OF HUSBAND OR WIFE Child		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. None		17. INFORMANT'S SIGNATURE OR NAME Modesto Ojeda	
18. ADDRESS 1218 W. 21 K.C. Mo		19. ADDRESS	

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		INTERVAL BETWEEN ONSET AND DEATH  E 9:10 22
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia strangulation swallowing grape  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 type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 28 53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Swallow a grape

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens	23b. ADDRESS 1034 Prairie Bldg	23c. DATE SIGNED 8-29-53
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 8-31-1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary
24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		25. FUNERAL DIRECTOR'S SIGNATURE B. E. Meleat
DATE REC'D BY LOCAL REG. 8-29-53	REGISTRAR'S SIGNATURE Geraldine Smith	ADDRESS B.C.S., Mo.

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.....  
Signature of Student Embalmer

Signed *B. E. Weikert*

Licensed Embalmer No. *407*

P. O. Address *LC 8, 7*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.