

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4770

State File No.

848

FILED MAR 15 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>unk</u>		c. CITY OR TOWN <u>Kansas City</u>		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 <u>558 Main</u>				e. STREET ADDRESS (If rural, give location) <u>558 Main</u>				<u>3028</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tony</u>			b. (Middle) <u>Costanada</u>			c. (Last) _____				
4. DATE OF DEATH (Month) <u>1</u> (Day) <u>23</u> (Year) <u>54</u>			5. SEX <u>Male</u>			6. COLOR OR RACE <u>Mex</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>		
8. DATE OF BIRTH _____			9. AGE (In years last birthday) <u>70</u>			IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico</u>			12. CITIZEN OF WHAT COUNTRY? <u>-</u>	
13a. FATHER'S NAME <u>-</u>			13b. MOTHER'S MAIDEN NAME <u>-</u>			14. NAME OF HUSBAND OR WIFE <u>-</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>			16. SOCIAL SECURITY NO. <u>-</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Crown office - Kansas City, Mo</u>			ADDRESS <u>Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of unknown</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH           <u>7955</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no relatives</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>		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) _____ m.		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 _____, 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 <u>Hugh H. Owens</u> (Degree or title)				23b. ADDRESS <u>1034 Pinalto Blvd</u>				23c. DATE SIGNED <u>2-12-54</u>		
24. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>2-24-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Calvary</u>		24d. LOCATION (City, town or county) (State) <u>KC Kans</u>				
DATE REC'D BY LOCAL REG. <u>2-24-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Steu G. Kretzer</u>				
						ADDRESS <u>K.C. Mo</u>				

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

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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

*John B. [Signature]*

Licensed Embalmer No. 4278

P. O. Address K C W

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.