

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22943
3125

BIRTH NO. 769972682-53 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1022 Registrar's No. _____

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. LENGTH OF STAY (In this place) 1 yr.
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1 e. STREET ADDRESS (If rural, give location) 2004 Jefferson

3. NAME OF DECEASED a. (First) Rita b. (Middle) M. c. (Last) Chavez 4. DATE OF DEATH (Month) 7 (Day) 5 (Year) 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child 8. DATE OF BIRTH 7-24-53 9. AGE (In years last birthday) 11 MONTHS 11 DAYS 11 HOURS 11 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 10b. KIND OF BUSINESS OR INDUSTRY Child 11. BIRTHPLACE (City and State or Foreign Country) K.C. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Roy Chavez 13b. MOTHER'S MAIDEN NAME CABRERA 14. NAME OF HUSBAND OR WIFE None

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 Roy Chavez ADDRESS Same

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia etiology undetermined (n.m.)
INTERVAL BETWEEN ONSET AND DEATH 7950
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 NO

21a. ACCIDENT (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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July 2, 1954, to July 5, 1954, that I last saw the deceased alive on July 5, 1954, and that death occurred at 8:09A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) M.D. 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 7-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE 7-6-54 24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary 24d. LOCATION (City, town, or County) (State) Kansas City, Kan.

DATE REC'D BY LOCAL REG. 7-7-54 REGISTRAR'S SIGNATURE Seraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE B. E. Weilitz ADDRESS K.C. Mo.

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

Dr. [unclear]

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. C. Wiley*

Licensed Embalmer No. *49*

P. O. Address *N.C.S.*

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.