

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27545**  
**3645**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>24yrs</b>		c. CITY OR TOWN <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Mary's Hospital</b>		STREET ADDRESS (If rural, give location) <b>2451 Washington</b>		d. Is Residence within limits of a city or incorporated town? <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) <b>ADOLPH MORALES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jul 24, 54</b>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Section Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		8. DATE OF BIRTH <b>Sep 22, 1903</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Mexico</b>		9. AGE (In years last birthday) <b>50</b>		12. CITIZEN OF WHAT COUNTRY? <b>Mexico</b>	

13a. FATHER'S NAME <b>Sasario Morales</b>		13b. MOTHER'S MAIDEN NAME <b>Simona Reyes</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Morales</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>712-01-9359</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Morales</b> ADDRESS <b>2451 Washington KC, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Medical Certification</b> <b>Lobar Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Conditions contributing to the death but not related to the disease or condition causing death.	
II. OTHER SIGNIFICANT CONDITIONS		490K	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Notified</b>		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 <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 <b>Hugh B. Owens</b>		23b. ADDRESS <b>1834 Realty Bldg</b>		23c. DATE SIGNED <b>7-24-54</b>	
24. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Jul 26, 54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Peter B. Cepelina</b>		ADDRESS <b>K.C., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-25-54</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Peter B. Cepelina</b> ADDRESS <b>K.C., Mo.</b>	

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 *Forrest D. Goldsman*.....

Licensed Embalmer No. *4714*.....

P. O. Address *K. E. Mo*.....

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.