

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30799**
4227

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>4227</u>
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) Kansas City		c. LENGTH OF STAY (In this place) <u>1928</u>	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		f. STREET ADDRESS (If rural, give location) 316 S. Jackson <u>2088</u>		
3. NAME OF DECEASED (Type or Print) a. (First) Esequiel		b. (Middle)	c. (Last) Rodriguez	4. DATE OF DEATH (Month) (Day) (Year) 9 2 1954
5. SEX M	6. COLOR OR RACE MEX	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIV - 5	8. DATE OF BIRTH 4-10-1882	9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY R.R.	11. BIRTHPLACE (City and State or Foreign Country) MEXICO	12. CITIZEN OF WHAT COUNTRY? MEXICO
13a. FATHER'S NAME UNK -		13b. MOTHER'S MAIDEN NAME UNK -	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) N/O		16. SOCIAL SECURITY NO. 500-03-5330	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS JOE PENA 316 S. JACKSON	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis with coronary artery disease		INTERVAL BETWEEN ONSET AND DEATH 6000
		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 SUICIDE HOMICIDE (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 <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 <u>Aug. 9</u> , 19 <u>54</u> , to <u>Sept. 2</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept. 2</u> , 19 <u>54</u> , and that death occurred at <u>2:10 P m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE B. I. Burns		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 9-3-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-4-54	24c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's	24d. LOCATION (City, town, or county) (State) K.C. Mo	
DATE REC'D BY LOCAL REG. 9-4-54	REGISTRAR'S SIGNATURE Nevar Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SEBBETO'S K C Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Ferris W. Goldenow*.....

Licensed Embalmer No. *47*.....

P. O. Address *K6 M*.....

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.