

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8172**
992

FILED MAR 22 1955

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

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give town or township) **Kansas City**
c. LENGTH OF STAY (In this place) **1 day**
d. FULL NAME OF HOSPITAL OR INSTITUTION **31st & Cleveland**

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE **Missouri**
b. COUNTY **Platte**
c. CITY OR TOWN **Parkville**
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **Route Five Box. 183**

3. NAME OF DECEASED (Type or Print)
a. (First) **Raul** b. (Middle) **Delgado** c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **3-4-55**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **10-15-1915** 9. AGE (In years last birthday) **39** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Manager** 10b. KIND OF BUSINESS OR INDUSTRY **Clorox Chemical Co.** 11. BIRTHPLACE (City and State or Foreign Country) **Porto Rico** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Fernando Delgado** 13b. MOTHER'S MAIDEN NAME **Agstoni, Delia** 14. NAME OF HUSBAND OR WIFE **Bette Delgado**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **yes** 16. SOCIAL SECURITY NO. **two unknown** 17. INFORMANT'S SIGNATURE OR NAME **Bette Delgado** ADDRESS **Parkville, Mo.**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH **Fractured Skull Subdural**
ANTECEDENT CAUSES **Subarachnoid Hemorrhage**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (a) _____
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 NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Street** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Kansas City Jackson MO**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **3-4-55 2:35 A.M.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **No car collision**

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** (Degree or title) **Coroner** 23b. ADDRESS **1034 Pacific Bldg** 23c. DATE SIGNED **3-4-55**

24a. BURIAL, CREMATION, OR DISPOSAL (Specify) **REBURIAL** 24b. DATE **3-6-55** 24c. NAME OF CEMETERY OR CREMATORY **Oakwood Mem. Cem** 24d. LOCATION (City, town, or county) (State) **Ottawa, Ill.**

DATE REC'D BY LOCAL REG. **3-5-55** REGISTRAR'S SIGNATURE **Neva Marshall** 25. FUNERAL DIRECTOR'S SIGNATURE **D.W. NEWCOMER'S** ADDRESS **N. K.C. Mo.**

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 *J. LeRoy Mooney*.....

Licensed Embalmer No...477.....

P. O. Address *K. C. 9*.....

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.