

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18753**

FILED JUL 8 - 1955

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2674**

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) 25 yrs.	c. CITY OR TOWN Kansas City	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 St. Mary's Hospital		STREET ADDRESS (If rural, give location) 27 2311 Summit St.	

33080

3. NAME OF DECEASED (Type or Print) a. (First) Juanita	b. (Middle) B.	c. (Last) Juarez	4. DATE OF DEATH (Month) (Day) (Year) June 20, 1955
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11-13-1929
9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Peter Briseno	13b. MOTHER'S MAIDEN NAME Juana Razo	14. NAME OF HUSBAND OR WIFE Manuel Juarez
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. unk.	17. INFORMANT'S SIGNATURE OR NAME Manuel Juarez ADDRESS Same

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral oedema		1 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anoxia with circulatory depression		6 hrs
	DUE TO (c) Acute haemorrhagic pancreatitis		24 hrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anaphylaxis to some drug used in case.			6 hrs

19a. DATE OF OPERATION 6-19-1955	19b. MAJOR FINDINGS OF OPERATION Acute haemorrhagic pancreatitis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 123 (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **6-19**, 19 **55**, to **6-20**, 19 **55**, that I last saw the deceased alive on **6-19**, 19 **55**, and that death occurred at **12:45A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Leo A. O'Brien MD. (Degree or title) p	23b. ADDRESS 1002 Argyle 306 E. 12 K.C. Mo.	23c. DATE SIGNED 6-21-55
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6--22-55	24c. NAME OF CEMETERY OR CREMATORY St. Mary's	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
DATE REC'D BY LOCAL REG. 6-22-55	REGISTRAR'S SIGNATURE neve minshall	25. FUNERAL DIRECTOR'S SIGNATURE B. E. Wellert ADDRESS K. C. 8, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

900 08 1955

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. E. Weiler*.....

Licensed Embalmer No. *40*.....

P. O. Address *K.C.S.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.