

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Robt. J. Boody

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38013

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1749

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2323 Menlove Pl. 30415</u>		Length of stay in lbs. <u>30</u>	d) STREET ADDRESS <u>2323 Menlove Pl</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Lazaro</u> Middle <u>Gandora</u> Last <u>Gandora</u>			4. DATE OF DEATH Month <u>11</u> - Day <u>1</u> - Year <u>56</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-16-1887</u>	9. AGE (In years last birthday) <u>69</u>	10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Building Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Mexico</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Amado Gandora</u>			14. MOTHER'S MAIDEN NAME <u>Isabel "Unknown"</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>"Unk"</u>	17. INFORMANT <u>Alphonso Gandora</u>		Address <u>Same</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion & Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Cardiac Decompensatory Chremi</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>none</u>					INTERVAL BETWEEN ONSET AND DEATH <u>stat.</u> <u>5 1/2</u> <u>5 1/2</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>none</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>none</u>				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____		<u>none</u>				
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> AT HOME <input type="checkbox"/> ON TRIP <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	20f. CITY, TOWN, OR LOCATION <u>none</u>		COUNTY _____ STATE _____	
21. I attended the deceased from _____ <u>1951</u> to _____ <u>date</u> and last saw him alive on <u>Oct 5-56</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Robt. J. Boody, M.D.</u>			22b. ADDRESS <u>217 Plaza Viva Bldg</u>		22c. DATE SIGNED <u>11/2/56</u>	
23a. BURIAL OR CREMATION (Specify) <u>Burial</u>		23b. DATE <u>11-3-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>		23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Weichert's: 2337 Menlove Pl. K.C. Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>11-3-56</u>	26. REGISTRAR'S SIGNATURE <u>Nevar Minshel</u>		

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. Weelert*

Licensed Embalmer No. *40*

P. O. Address *K. P. 8.*

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