

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13052**
1481

BIRTH NO. _____ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | |
|---|---|--|--|
| 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, write RURAL and give township) OR TOWN <u>Kansas City</u> | c. LENGTH OF STAY (in this place) <u>28 yrs</u> | c. CITY OR TOWN <u>Kansas City</u> | 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 <u>2336 Holly Str</u> | | e. STREET ADDRESS (If rural, give location) <u>2336 Holly Str</u> | |

| | | | |
|--|-------------------------------|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>PABLA</u> b. (Middle) _____ c. (Last) <u>Castro</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-28-57</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>"unk" 1877</u> |
| 9. AGE (In years last birthday) <u>80</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 14 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>"unk"</u> | | | |

| | | |
|---|--|---|
| 13a. FATHER'S NAME <u>Jessie Alonzo</u> | 13b. MOTHER'S MAIDEN NAME <u>Jesse Vasquez</u> | 14. NAME OF HUSBAND OR WIFE <u>Victor Castro</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or not known) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give date of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Victor Castro 2336 Holly</u> |

| | | | |
|--|--|--|---|
| 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 <u>480h</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Following Influenza</u> 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 MAR. 28, 1957, to MAR. 28, 1957, that I last saw the deceased alive on MAR. 28, 1957, and that death occurred at 5 P. m., from the causes and on the date stated above.

| | | |
|---|--|---|
| 23a. SIGNATURE (Degree or title) <u>J. Ethan Barker M.D.</u> | 23b. ADDRESS <u>2940 Parallel K C.R. 30-57</u> | 23c. DATE SIGNED _____ |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-7-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kan</u> | | |
| DATE REC'D BY LOCAL REG. <u>3-30-57</u> | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Weiler's 2332 Mar. St. P.K.C. No.</u> |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Barker
J. Ethan

KP
2

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 *Oliver E. Weiler*

Licensed Embalmer No. *4075*

P. O. Address *Rt 8 M6*

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.