No. 300
10-46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31664

FILED SEP 16 1957

BIRTH NO. 0 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3879

1. PLACE OF DEATH
a. COUNTY Jackson.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 5-44 Holmes

3. NAME OF DECEASED (Type or Print)
a. (First) Michael
b. (Middle) John
c. (Last) Alvarez

4. DATE OF DEATH (Month) (Day) (Year) Aug 17, 57

5. SEX male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 8-17-1957

9. AGE (In years last birthday) — If under 1 year: Months / Days — If under 24 hrs.: Hours 9 / Min. 41

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — infant

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Michael Roy Alvarez

13b. MOTHER'S MAIDEN NAME Joyce Dillon

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes give war or dates of service) —

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Mr. Michael Alvarez — ADDRESS 5-44 Holmes Kansas City 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity (6 mo. gestation) — INTERVAL BETWEEN ONSET AND DEATH

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.

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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-17-57, 19___, *to* 8-17-57, 19___, *that I last saw the deceased alive on* 8-17-57, 19___, *and that death occurred at* 10:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Don Carlos Guffey (Degree or title) MD

23b. ADDRESS 717 Prospect

23c. DATE SIGNED 8-17-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-19-57

24c. NAME OF CEMETERY OR CREMATORY Mt St Marys

24d. LOCATION (City, town, or county) (State) K C Mo

DATE REC'D BY LOCAL REG. 8-19-57

REGISTRAR'S SIGNATURE neva Minshall

FUNERAL DIRECTOR'S SIGNATURE Peter B Kaufman

ADDRESS K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Don Carlos Guffey

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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 .....
Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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 this body is not embalmed, fact should be so stated above.