

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014379
STATE FILE NUMBER
1623

FILED APR 22 1958

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

5. 300
1-57

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in 7b 14 yrs	d. STREET ADDRESS (If outside, give location) 2322 Mercier Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First IGNACIO Middle Jr Last Orozco Orozco Jr.			4. DATE OF DEATH Month 3 Day 26 Year 1958
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-19-26
9. AGE (In years last birthday) 31		10. FUNDER 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) Track labor		10b. KIND OF BUSINESS OR INDUSTRY K.C. Terminal	11. BIRTHPLACE (City and state or country) K.C. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Orozco Ignacio Orozco	
13b. MOTHER'S MAIDEN NAME Eladio Ortez		14. NAME OF HUSBAND OR WIFE Orozco Frances Orozco	
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. 489-30-2217	17. INFORMANT Orozco Address Frances Orozco 2322 Mercier
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignant melanoma with metastases			INTERVAL BETWEEN ONSET AND DEATH 1905
Corr. by Aff. 7/10/58 e.s.	DUE TO (b) Primary axilla region		
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Feb. 27, 1958 to March 26, 1958 and last saw ^{him} her alive on March 26, 1958 Death occurred at 9:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS 24th & Cherry	22c. DATE SIGNED 3-27-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-28-58	23c. NAME OF CEMETERY OR CREMATORY St Mary's Cemetery	23d. LOCATION (City, town, or county) (State) K.C. Mo
24. FUNERAL DIRECTOR B.E. Weidert ADDRESS K.C. Mo		25. DATE RECD. BY LOCAL REG. 3-28-58	26. REGISTRAR'S SIGNATURE neva marshall

All diseases in Part I must be causally related. Society, cemetery, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

B. I. B. UTINS

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. Dault*

Licensed Embalmer No. *4075*
P. O. Address *K. C. 5710*

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.