

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044342
STATE FILE NUMBER

FILED DEC 18 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5720

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
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 Roeland Park ⁸¹⁵⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Length of stay in 1b 1 Week	d. STREET ADDRESS (If outside, give location) 5055 Buena Vista
3. NAME OF DECEASED (Type or print) First Ana Middle S. Last Posada			4. DATE OF DEATH Month December Day 3 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 23, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 75 IF UNDER 1 YEAR: Months 3 Days 3 Hours 3 Min. 3
11. BIRTHPLACE (City and state or country) Columbia, South America		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Carlton Escobar		13b. MOTHER'S MAIDEN NAME Clara Gomez Unknown	14. NAME OF HUSBAND OF WIFE Joaquin Posada unknown
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. -	17. INFORMANT Mrs. Miguel Uribe Address 5055 Buena Vista Roeland Park, Kansas
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mediastinitis 2° DUE TO (b) Perforated Esophagus - 2° DUE TO (c) Foreign Body (meat Bolus) - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 9210
20a. ACCIDENT <input checked="" 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.) Foreign body in esophagus	
20c. TIME OF INJURY Hour 11 Month, Day, Year 11-26-58 a.m. 2 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Roeland Park COUNTY Johnson STATE Kans	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred on 120 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS Roeland Park, Johnson County, Kansas	22c. DATE SIGNED 12/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 4, 1958	23c. NAME OF CEMETERY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) Johnson County, Kansas
24. FUNERAL DIRECTOR D. W. Newcomer's Sons		25. DATE RECD. BY LOCAL REG. 12-3-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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BY AFFIDAVIT OF STATEMENT
6-23-59

ALL diseases in Part I must be causally related.

Clarke L. Henry, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION



now
of
D. Lewis

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 *Albert H. Savage*

Licensed Embalmer No. *4812*

P. O. Address *Kansas City*

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.