Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021172
STATE FILE NUMBER

FILED JUL 8 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2963

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Gen. Hospital — Length of stay in 1b: 44 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2811 Belleview — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Jose Middle: - Last: Alvarez

4. DATE OF DEATH: Month 6 Day 16 Year 59

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 7-9-88 ~~7-9-92~~

9. AGE (In years on last birthday): ~~62~~ 70 — IF UNDER 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): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: K.C. Term.R.R.

11. BIRTHPLACE (City and state or country): Vista Hermosa Mich, Mexico

12. CITIZEN OF WHAT COUNTRY?: Mexico

13a. FATHER'S NAME: Francisco Alvarez

13b. MOTHER'S MAIDEN NAME: Paula Soria

14. NAME OF HUSBAND OR WIFE: Roberta Alvarez

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.: 703-03-9104

17. INFORMANT: Mrs. Roberta Alvarez Address: K.C., Mo. 2811 Belleview

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of the Lungs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 163X

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 5-26-59, to 6-16-59 and last saw him alive on 6-16-59
Death occurred at 2:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Abraham Gelperin

22b. ADDRESS: General Hospital

22c. DATE SIGNED: 6-18-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-19-1959

23c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: WEILERT FUNERAL HOMES (W) K.C., MO.

25. DATE RECD. BY LOCAL REG.: 6-18-59

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

Coroner, Coroner, etc. must be duly sworn and authorized in Item 9. No symptoms will be listed. All diseases in Part I must be causally related.

Abraham Gelperin M. D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Weikert

Licensed Embalmer No. 4075

P. O. Address KC 8, Mo.

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.