

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032490

FILED OCT 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4638 STATE FILE NUMBER

INDEXED

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u> | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> | | Length of stay in 1b <u>47 yrs</u> | | c. CITY OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1016 N. Kansas</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside give location) <u>1016 N Kansas</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| 3. NAME OF DECEASED (Type or print) First <u>ILLARIA</u> Middle <u>MORENO</u> Last | | | | 4. DATE OF DEATH Month <u>9</u> Day <u>20</u> Year <u>1959</u> | | | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>1-1-1892</u> | | 9. AGE (last birthday) <u>67</u> | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | | 11. BIRTHPLACE (City and state or country) <u>Mexico</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>Michael Luna</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Mercedes Murillo</u> | | | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>NO</u> | | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Mrs Paul Santellan</u> Address <u>Ke MO</u> | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>NYEMIA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CHRONIC GLOMERULONEPHRITIS</u> DUE TO (c) <u>UNKNOWN</u> | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>NO NE</u> | | | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. | | Month, Day, Year | | | | | | | | | |
| 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 <u>8-29-59</u> to <u>9-20-59</u> and last saw her alive on <u>9-15-59</u> Death occurred at <u>8:00</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | |
| 22a. SIGNATURE (Deed or title) <u>James E. Williams DO</u> | | | | 22b. ADDRESS <u>4233 BLUE RIDGE</u> | | | | 22c. DATE SIGNED <u>9-22-59</u> | | | |
| 23a. BURIAL, CREMATION, OR ROYAL (Specify) <u>Burial</u> | | 23b. DATE <u>9-25-59</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>St Mary Cem</u> | | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, MO</u> | | | | | |
| 24. FUNERAL DIRECTOR <u>Passantino Bros</u> ADDRESS <u>Ke MO</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>9-23-59</u> | | 26. REGISTRAR'S SIGNATURE <u>neva minshall</u> | | | | | |

DOCUMENT

BY AFFIDAVIT OF James B. Williams MEDICAL CERTIFICATION

de [unclear]
[unclear]
[unclear]
1-6 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leonard Perantino

Licensed Embalmer No. 4554

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.