

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001865

FILED VS. FEB. 4 1960 149

Primary Registration District No. 1002 Registrar's No. 461

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY WYANDOTTE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas CITY		Length of stay in 1b 9 days		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 LONG NURSING HOME INSTITUTION 1441 INDEPENDENCE AVE.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 652 SOUTH 2ND.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JESSE Middle - Last SANCHEZ				4. DATE OF DEATH Month 1 Day 23 Year 60			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 6-16-82	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PACKING HOUSE WORKER			10b. KIND OF BUSINESS OR INDUSTRY Wilson & Co.		11. BIRTHPLACE (City and state or country) LEONWANAWHATA, MEXICO		12. CITIZEN OF WHAT COUNTRY MEXICO
13a. FATHER'S NAME JULIAN SANCHEZ			13b. MOTHER'S MAIDEN NAME ANTONIA MARCUS NIENES SANCHEZ			14. NAME OF HUSBAND OR WIFE K.C.K	
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. 510-05-1899		17. INFORMANT JESUS SANCHEZ: 1726 So. WE. Blvd.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 1 day 10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 1-14-60 to 1-23-60 and last saw ^{her} / _{him} alive on 1-23-60 Death occurred 1:20p m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Frank Paul Laurenkamp (Degree or title)				22b. ADDRESS 428 S.W. 6th Ave		22c. DATE SIGNED 1-23-60	
23a. BURIAL CREATION, REMOVAL (Specify) REMOVAL		23b. DATE 1-26-60	23c. NAME OF CEMETERY OR CREMATORY MAPLE HILL CEMETERY		23d. LOCATION (City, town, or county) (State) Kansas CITY, Kansas		
24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES (W) K.C., Mo.			ADDRESS 1-26-60	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Thos Minshall		

DOCUMENT

BY AFFIDAVIT OF Frank Paul Laurenkamp, REGISTRAR

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 B. E. Weichert

Licensed Embalmer No. 4075

P. O. Address R. E. S. M.

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.