IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

60-006526
STATE FILE NUMBER

NDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1062

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 41 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Long Nursing Home 1441 Independence Ave. — Inside Limits: Yes ☒ No ☐

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 ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2118 Madison — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DANIEL Middle N. Last ROJAS

4. DATE OF DEATH: Month 2 Day 20 Year 60

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-7-93
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months Days — 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: Swift & Co.
11. BIRTHPLACE (City and state or country): Mexico
12. CITIZEN OF WHAT COUNTRY: Mexico

13a. FATHER'S NAME: Juan Rojas
13b. MOTHER'S MAIDEN NAME: Salome Napial
14. NAME OF HUSBAND OR WIFE: Mary Rojas

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.: "unknown"
17. INFORMANT: Mr. Daniel Rojas Jr. Address: 2314 Monitor Pl K.C., Mo.

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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Influenza — 3 wk
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 1950, to Feb. 1960 and last saw her/him alive on Feb. 18, 1960
Death occurred at 11 A.M. 2-20-60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James J. Lally M.D.
22b. ADDRESS 906 Grand Ave.
22c. DATE SIGNED 2-21-60

BY AFFIDAVIT OF James J. Lally

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-22-60
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: WEILERT FUNERAL HOMES (W) ADDRESS: K.C., MO.
25. DATE RECD. BY LOCAL REG.: 2-22-60
26. REGISTRAR'S SIGNATURE: Irene Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 _____ Signed B. E. Wil

Signature of Student Embalmer

Licensed Embalmer No. 407

P. O. Address K.C.8

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