

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019265

FILED VS. JUN 15 1960 49

Primary Registration District No. 1002 Registrar's No. 2851

STATE FILE NUMBER

| | | | | | |
|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Length of stay in lb <u>1923</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>St Marys Hosp</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1215 Jefferson</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>REMIGIA</u> Middle <u>ALVARADO</u> Last <u>ALVARADO</u> | | | 4. DATE OF DEATH Month <u>5</u> Day <u>25</u> Year <u>60</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct 1-1889</u> | 9. AGE (last birthday) <u>70</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>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Mexico</u> | 12. CITIZEN OF WHAT COUNTRY <u>Mexico</u> |
| 13a. FATHER'S NAME <u>Pablo Alonso</u> | | 13b. MOTHER'S MAIDEN NAME <u>Refugia Larces</u> | | 13c. NAME OF HUSBAND OR WIFE <u>Pedro Alvarado</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Pedro Alvarado 1215 Jefferson</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>Coronary Arteriosclerosis</u> DUE TO (b) <u>Hypertensive cardiovascular disease</u> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | 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) | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m. | | | | | |
| 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>1957</u> to <u>5-25-60</u> and last saw her/him alive on <u>5-25-60</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Geo. C. Sebbeto M.D.</u> | | | 22b. ADDRESS <u>6627 Pleasant St. Over</u> | | 22c. DATE SIGNED <u>5-25-60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5-27-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt St Marys Cem.</u> | 23d. LOCATION (City, town, or county) <u>K. C. Mo</u> | | (State) |
| 24. FUNERAL DIRECTOR ADDRESS <u>SEBBETO'S K.C. Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>5-26-60</u> | 26. REGISTRAR'S SIGNATURE <u>neva freinshell</u> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Geo. C. Sebbeto M.D.

Dr
Kellhofer
6627 Prospect
1-5

AUG 18 1960

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 Forrest D. Goldsnow

Licensed Embalmer No. 4714

P. O. Address F.R. 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.