

**FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE**

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-023366**

**FILED VS. JUN 17 1960**

*149*

Registration District No. \_\_\_\_\_ Primary Registration District No. *1002*

Registrar's No. **3036**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>56 Years</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4017 Mercier</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>4017 Mercier</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>NICOLASA</b> Middle <b>A. M.</b> Last <b>ROJAS</b>				4. DATE OF DEATH Month <b>June</b> Day <b>5</b> Year <b>1960</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Cauc</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Sep 10, 1886</b>	9. AGE (last birthday) <b>73</b>	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) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Mexico</b>		12. CITIZEN OF WHAT COUNTRY <b>Mexico</b>		
13a. FATHER'S NAME <b>Ascencion Aguilera</b>			13b. MOTHER'S MAIDEN NAME <b>Rafaela Vargas</b>			14. NAME OF HUSBAND OR WIFE <b>Geronimo Rojas (Deceased)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Miss Claudia Rojas, 4017 Mercier, K.C. Mo</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Heart Failure</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Fibrosis of Lung</b>					<b>3 yrs</b>	
		DUE TO (c) <b>Senilism</b>					<b>3 yrs</b>	
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.) <b>none</b>				
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 <b>4-16-1955</b> to <b>6-5-60</b> and last saw her <del>him</del> alive on <b>6-1-60</b> Death occurred at <b>9:10 A m</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>James W Downey M.D.</b> (Degree or title)				22b. ADDRESS <b>425 E 63rd KC Mo</b>		22c. DATE SIGNED <b>6-6-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>JUNE 8, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. St. Marys Cemetery</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b> (State)			
24. FUNERAL DIRECTOR <b>Muehlebach</b> ADDRESS <b>6800 Troost</b>			25. DATE RECD. BY LOCAL REG. <b>June 6, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Minshall</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **James W. Downey**

100  
100  
100

**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 J. T. Crowell

Licensed Embalmer No. 490

P. O. Address J. T. Crowell

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.