

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-035007

FILED VS. OCT 10 1960

149

Primary Registration District No. 1002

Registrar's No. 4789

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 37 Years		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 INSTITUTION 2118 Summit Street			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2118 Summit Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SILVERIO Middle S. Last SALINAS			4. DATE OF DEATH Month Sept. Day 19, Year 1960			
5. SEX Male	6. COLOR OR RACE Mexican	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-20-1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mexico		12. CITIZEN OF WHAT COUNTRY Mexico
13a. FATHER'S NAME Ignacio Salinas			13b. MOTHER'S MAIDEN NAME Jesus Serano		14. NAME OF HUSBAND OR WIFE Canuta C. Salinas	
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. 709-18-2665		17. INFORMANT Address Mrs. Canuta C. Salinas K. C. Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Liver DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Mitral Insufficiency 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						INTERVAL BETWEEN ONSET AND DEATH 1 yr
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 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 June 12 7 p.m. to Sept 19/60 and last saw her/him alive on Sept 19/60 Death occurred at 7 p.m. m of the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE H.M. Brathwaite M.D.			22b. ADDRESS 10 N. James K C. Kans		22c. DATE SIGNED 9/20/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-21-60		23c. NAME OF CEMETERY OR CREMATORY Highland Park		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
24. FUNERAL DIRECTOR Freeman Mortuary			25. DATE RECD. BY LOCAL REG. 9-20-60		26. REGISTRAR'S SIGNATURE H-L. Dwyer	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
H.M. Brathwaite

H. M. BREATHWAITE

10 N. JAMES

James & Co. Inc.

2:30 P.M.

1001

PBI

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. P. Green

Licensed Embalmer No. 293

P. O. Address W. O. T.

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.

James & Co. Inc.