

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032866

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4739 STATE FILE NUMBER

FILED OCT 4 1961

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 16 yrs.
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 26th. & Southwest Trafficway 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) 2721 Belleview Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Ray Middle Anthony Last Gonzales 4. DATE OF DEATH Month 9 Day 21 Year 61

5. SEX Male 6. COLOR OR RACE Cauc. 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-7-44 9. AGE (last birthday) 16 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Boy 10b. KIND OF BUSINESS OR INDUSTRY Hotel Muehlebach 11. BIRTHPLACE (City and state or country) Kansas City, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Ramon Gonzales 13b. MOTHER'S MAIDEN NAME Mary Alice Paredes 14. NAME OF HUSBAND OR WIFE None

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. - 17. INFORMANT Address Mr. Ramon Gonzales: 2721 Belleview, 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) Shock & Hemorrhage
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) assault from sweet's beef factory & crushing injuries of chest
 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.) car stub trap over shoulder

20c. TIME OF INJURY Hour 9-25-61 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.) street 20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo

21. I attended the deceased from _____ to _____ and last saw him alive on _____
 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) G. Kealhofer 22b. ADDRESS 6627 Pershing St Over 22c. DATE SIGNED 9-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 9-25-61 23c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City, Kansas

24. FUNERAL DIRECTOR Weilert Funeral Homes (w) K.C., Mo. ADDRESS 9-23-61 25. DATE RECD. BY LOCAL REG. 9-23-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED
 INSTEAD OF
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

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 J. C., 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.