

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5388 -61-036757
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1.002 Registrar's No. _____

FILED NOV 13 1961

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 46 yrs.		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 Saint Mary's Hospital			d. STREET ADDRESS (If outside, give location) 838 West 39th. Terr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FELIPE Middle - Last ASCENCIO			4. DATE OF DEATH Month 10 Day 28 Year 61			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-14-93	9. AGE (last birthday) 68 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Salamanca, Spain		12. CITIZEN OF WHAT COUNTRY Spain
13a. FATHER'S NAME Pascasio Munoz		13b. MOTHER'S MAIDEN NAME Lucila Morant		14. NAME OF HUSBAND OR WIFE Jesus Ascencio		
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. None		17. INFORMANT Mr. Lawrence Munoz: 838 West 39th. St. 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) Congestive Cardiac Failure 6 days DUE TO (b) Cerebral Hemorrhage, left 6 day DUE TO (c) Hypertensive Cardiovascular disease Years? 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 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 _____ 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 Oct 24-61 to Oct 28/61 and last saw her alive on Oct 28/61 Death occurred at St. Mary's Hosp. - at 7:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Nicolas Jaime M.D. (Degree or title)			22b. ADDRESS 715 Westport Rd. K.C. Mo		22c. DATE SIGNED Oct 30 1961	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-31-61	23c. NAME OF CEMETERY OR CREMATORY Mount Saint Marys Cem. Kansas City, Missouri		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES (W) K.C., MO. ADDRESS			25. DATE RECD. BY LOCAL REG. 10-30-61		26. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Nicolas Jaime

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 Jack F. Moore

Licensed Embalmer No. 4729

P.O. Address Kansas City

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.