

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-001589

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

480 STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 480

FILED FEB 15 1962

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		a. STATE Mo.		b. COUNTY Jackson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Sisters Home		Length of stay in lb week		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 5331 Highland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Gabriel Cruz				4. DATE OF DEATH January 24, 1962			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-10-1906	
9. AGE (last birthday) 56		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY K.C. Terminal R.R.		11. BIRTHPLACE (City and State or country) Mexico	
12. CITIZEN OF WHAT COUNTRY Mexico		13a. FATHER'S NAME Valentino Cruz		13b. MOTHER'S MAIDEN NAME Theresa Martinez		14. NAME OF HUSBAND OR WIFE Micardo Cruz	
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. #298 639		17. INFORMANT Mother Laurence, Little Sisters Home			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERNAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Broncho pneumonia (Hypostatic)						2 days	
DUE TO (b) Arterio sclerosis						10 yrs	
DUE TO (c)							
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 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 5/19/61 to 1/24/61 and last saw her alive on 1/22/62		Death occurred at 11:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph A. Fogarty		22b. ADDRESS 422 W. Main St. St. Louis, Mo.		22c. DATE SIGNED 1/25/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 27, 1962		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		23d. LOCATION (City, town, or county) (State) Highland Hills, Mo.	
24. FUNERAL DIRECTOR Weilert Funeral Home 5900 Troost Ave.		25. DATE RECD. BY LOCAL REG. 1-27-62		26. REGISTRAR'S SIGNATURE Ruth Long			

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
BY AFFIDAVIT OF  
Joseph A. Fogarty, M.D. (Medical Certification)  
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 Forrest D. Caldwell

Licensed Embalmer No. 4714

P. O. Address KC 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.