

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024538

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3034 STATE FILE NUMBER

FILED JUN 17 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
HUGH H. OWENS
MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u> <u>KANSAS CITY</u>		Length of stay in 1b <u>7 years</u> <u>Months</u>	c. CITY OR TOWN <u>Independence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Truman Road * Lister</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>15303 Kentucky Road</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Petra</u> Middle <u>Perez</u> Last <u>Perez</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>26</u> Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-29-1932</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNIVERSAL MFG. Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MFG.</u>	9. AGE (last birthday) <u>30</u>
11a. FATHER'S NAME <u>Trinidad Garcia</u>		11b. MOTHER'S MAIDEN NAME <u>Carmen Garcia</u>	11. BIRTHPLACE (City and state or country) <u>Valle De Santiago, Mexico</u>
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>NONE</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>JUAN F Perez</u> Address <u>15903 Kentucky Rd.</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock + Hemorrhage</u> DUE TO (b) <u>Ruptured Heart + Fever</u> DUE TO (c) <u>Unreversed abdominal Contractions</u> 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"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Passenger in Car that</u>	
20c. TIME OF INJURY Hour <u>5-26</u> Month <u>6</u> Day <u>63</u> 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.) <u>Street</u>
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____		20f. CITY, TOWN, OR LOCATION <u>Independence</u> COUNTY <u>Jackson</u> STATE <u>Mo.</u>	
22a. SIGNATURE (Degree or title) <u>Hugh H. Owens Coroner</u>			22b. ADDRESS <u>152 Union Station</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>5-29-63</u>
23c. NAME OF CEMETERY OR CREMATORY <u>St Marys Cemetery</u>		23d. LOCATION (City, town, or county) <u>Independence</u>	23e. STATE <u>Missouri</u>
24. FUNERAL DIRECTOR <u>Roland R. Speck</u> ADDRESS <u>Independence, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-28-63</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

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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 John H. Lindsey

Licensed Embalmer No. 5792

P. O. Address St. Paul, 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.