

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37272  
4697

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>3 months</u>		d. STREET ADDRESS (If rural, give location) <u>630 S 5th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Anna</u>		b. (Middle) <u>Marie</u>	
c. (Last) <u>Suarez</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-6-1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>8-1-1923</u>
9. AGE (In years last birthday) <u>27</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secy.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Certified Bonds INCORP.</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Clara Horey</u>		13b. MOTHER'S MAIDEN NAME <u>Virginaduary</u>	
14. NAME OF HUSBAND OR WIFE <u>Single</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>		16. SOCIAL SECURITY NO. <u>509-12-7697</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas J. Fazio 116 Rainbow</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tumor of pancreas</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Starvation malignant melanoma</u> DUE TO (c) <u>Decadent diet</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Liver atrophy</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>15!</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-30</u> , 19 <u>50</u> , to <u>11-6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-6</u> , 19 <u>50</u> , and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Nicolas Jaime</u>		23b. ADDRESS <u>M.D. 4050 Broadway</u>	
23c. DATE SIGNED <u>Nov 26</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-8-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Kans. City Kansas</u>	
DATE REC'D BY LOCAL REG. <u>11-7-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>John Daniels</u>		ADDRESS <u>1536 Minner Kansas</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

K.C. Kansas

OCT 24 1962

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

working under my personal supervision.

Student Embalmer No. ....

Signed

*Harold E. Estermann*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3035

P. O. Address C. Estermann

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 this body is not embalmed, fact should be so stated above.