

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12207  
Registrar's No. 1592

BIRTH NO. 23034-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>KANSAS</b> b. COUNTY <b>WYANDOTTE</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>2 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>717 St. Paul Street</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hosp.</b>			8150 8				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anthony</b> b. (Middle) c. (Last) <b>Quirarte</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 8, 1954</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Mexican</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>April 6, 1954</b>	9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Anthony Quirarte</b>		13b. MOTHER'S MAIDEN NAME <b>Ruth Hernandez</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Anthony Quirarte</b>		ADDRESS <b>KCK</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity -</b>			INTERVAL BETWEEN ONSET AND DEATH				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>(6 - 6 1/2 months)</b>							
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>776x</b>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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 <b>April 6, 1954</b> , to <b>4-6, 19-54</b> , that I last saw the deceased alive on <b>XXX</b> , 19 <u>   </u> , and that death occurred at <b>8 a</b> m., from the causes and on the date stated above.							
23a. SIGNATURE: <b>Robert M. Myers</b> (Degree or title) <b>MD</b>			23b. ADDRESS <b>1025 Palte Bldg</b>		23c. DATE SIGNED <b>8 Apr 54</b>		
24a. FUNERAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-8-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>			
DATE REC'D BY LOCAL REG. <b>4-8-54</b>		REGISTRAR'S SIGNATURE <b>Sheldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Matt Skradski</b> ADDRESS <b>KCK</b>			

W. R. Meyer  
Rental Bldg

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

not embalmed

working under my personal supervision.

Student Embalmer No. ....

Signed

*W. R. Meyer*

Signed .....

Student Embalmer

Licensed Embalmer No. 4382

P. O. Address Kansas City, Kan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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