

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42400**
Registrar's No. **5316**

No. 300
10.48
FILED DEC 20 1952

BIRTH NO. 20 1052		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5316	
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, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3758	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memoriah Hospital				d. STREET ADDRESS (If rural, give location) 4953 Forest			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) J. c. (Last) Quirk			4. DATE OF DEATH (Month) (Day) (Year) 12 4 52				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 11-5-1927	9. AGE (In years last birthday) 25		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Treasurer		10b. KIND OF BUSINESS OR INDUSTRY Bean Packing Industry Quirk & Sons Inc.		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John W. Quirk			13b. MOTHER'S MAIDEN NAME Aileen Livers		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW 11 490-24-3391		17. INFORMANT'S SIGNATURE OR NAME J. W. Quirk ADDRESS 4953 Forest KCMO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Chronic nephritis - uncurable INTERVAL BETWEEN ONSET AND DEATH 5 yrs.							
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis - uncurable *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5921							
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) (Min.)		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 11-4 , 19 52 , to 12-4 , 19 52 , that I last saw the deceased alive on 12-4 , 19 52 , and that death occurred at 9:30 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE Harry Statland, M.D. (Degree or title)				23b. ADDRESS 1406 Bryant Bldg.		23c. DATE SIGNED 12-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-6-52		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 12-5-52		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS KCMO.	

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

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

Student Embalmer

Signed _____

J. A. Pope

Licensed Embalmer No. *2029*

P. O. Address *1002*

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.