FILED MAY 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14449

BIRTH NO. 22260 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1954

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 4 days-13 hrs 55
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 8150 8
d. STREET ADDRESS (If rural, give location): 713 So 5th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Pola
b. (Middle): —
c. (Last): Quijas

4. DATE OF DEATH (Month) (Day) (Year): 4-10-53

5. SEX: Female
6. COLOR OR RACE: mex
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): new born 0
8. DATE OF BIRTH: 4-5-1953
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months —; Days 4; IF UNDER 24 HRS.: Hours 13; Min. 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): new born
10b. KIND OF BUSINESS OR INDUSTRY: " "
11. BIRTHPLACE (City and State or Foreign Country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Panfilo Quijas
13b. MOTHER'S MAIDEN NAME: Lucy Chavez
14. NAME OF HUSBAND OR WIFE: —

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.: —
17. INFORMANT'S SIGNATURE OR NAME: Panfilo Quijas
ADDRESS: 713 So 5th St. KCK.

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4-5-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Birth Trauma — 4-10-53
DUE TO (c) Prolonged Second Stage of Labor

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
7600

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-5, 1953, *to* 4-10, 1953, *that I last saw the deceased alive on* 4-10, 1953, *and that death occurred at* 1:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Angelo Lapi (Degree or title) M.D. Surgeon
23b. ADDRESS: 101 Memorial Drive
23c. DATE SIGNED: 4-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-11-53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24d. LOCATION (City, town, or county) (State): Kansas City, Kan.

DATE REC'D BY LOCAL REG.: 4-11-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: B. E. Wahle
ADDRESS: K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 B. E. Weilert

Licensed Embalmer No. 4075

P. O. Address K.C.S. Mo.

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.