

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006593

FILED VS FEB 23 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 783 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jackson</u>	b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Jackson</u>
Length of stay in 1b <u>Life 23 days</u>		c. CITY OR TOWN <u>Kansas City</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>Children's Mercy Hospital</u>		d. STREET ADDRESS <u>2324 Madison</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>Marco</u>	Middle <u>ANTONIO</u>	Last <u>Soriano</u>	4. DATE OF DEATH	Month <u>Feb.</u>	Day <u>6</u>	Year <u>1960</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-17-53</u>	9. AGE (last birthday) <u>6</u>	IF UNDER 1 YEAR Months <u>6</u> Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>Kansas City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U S</u>
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13a. FATHER'S NAME <u>Jose Soriano</u>	13b. MOTHER'S MAIDEN NAME <u>Juanita Esquivell</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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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>No</u>	17. INFORMANT <u>Mrs. Juanita Soriano</u>	Address <u>2324 Madison K.C. Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Lymphogenous Leukemia</u>	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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>—</u>
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ 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>—</u>	20f. CITY, TOWN, OR LOCATION <u>—</u>	COUNTY <u>—</u>	STATE <u>—</u>
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21. I attended the deceased from <u>1-13-60</u> to <u>2-6-60</u> and last saw him alive on <u>2-6-60</u> Death occurred at <u>11⁰⁰</u> <u>p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>S. Penner, M.D.</u>	(Degree or title)	22b. ADDRESS <u>1710 Independence Ave K.C. Mo</u>	22c. DATE SIGNED <u>2/9/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-9-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MOUNT SAINT MARY'S</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>
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24. FUNERAL DIRECTOR <u>WEILERT'S: 2332 Monitor Place</u>	ADDRESS <u>2 P.M. Kansas Embelmer's Statement on Reverse Side</u>	25. DATE RECD. BY LOCAL REG. <u>2-9-60</u>	26. REGISTRAR'S SIGNATURE <u>Neal Minshall</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Penner

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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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. E. W. Walnut

Licensed Embalmer No. 4075

P. O. Address K.C. 8.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.