

FILED SEP 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30592

3801

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

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. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 35 YEARS		d. STREET ADDRESS (If rural, give location) 4534 FOREST AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. JOSEPH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) GLENN	b. (Middle) RUSSELL	c. (Last) SQUIRES	4. DATE OF DEATH (Month) (Day) (Year) SEPT-1-1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 9-1898	9. AGE (in years last birthday) 51 YEARS	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER	10b. KIND OF BUSINESS OR INDUSTRY SQUIRES SALES ENGINEERING COMPANY	11. BIRTHPLACE (State or foreign country) CARTERVILLE MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CAREY J. SQUIRES	13b. MOTHER'S MAIDEN NAME MINNIE WRIGHT	14. NAME OF HUSBAND OR WIFE MRS. EDNA MARY SQUIRES
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates discharged) YES WORLDWAR II	16. SOCIAL SECURITY NO. 499-09-9300	17. INFORMANT'S SIGNATURE OR NAME Mrs. EDNA MARY SQUIRES	ADDRESS 4534 FOREST AVENUE KANSAS CITY, MO
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH 1 HR
	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. 12 HR		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION HT	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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?
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22. I hereby certify that I attended the deceased from **SEPT 1, 1949, to SEPT 1, 1949**, that I last saw the deceased alive on **SEPT 1, 1949**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE P. C. Quistgard	(Degree or title)	23b. ADDRESS 6744 Prospect Ave	23c. DATE SIGNED SEPT 2 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE SEPT. 4-1949	24c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY	24d. LOCATION (City, town, or county) (State) CARTHAGE, MISSOURI
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DATE REC'D BY LOCAL REG. 9-4-49	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomb	ADDRESS 1331 Green Creek Kansas City, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 14 1950

117040

OCT 4 1949

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 Mo

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.