

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30609

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3836</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon Co.</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		c. LENGTH OF STAY (in this place) <u>12 1/2 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Couch, Mo.</u>		0750			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>R#1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy Lee</u> b. (Middle) <u>Quene</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>9 7 1950</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>		8. DATE OF BIRTH <u>7-9-1950</u>			
9. AGE (In years last birthday) <u>1 2 1/2</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>28</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Beaver, Mo Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Charles Quene</u>			13b. MOTHER'S MAIDEN NAME <u>Ruth Johnson</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Quene, R.#1</u>		ADDRESS <u>Couch, Mo.</u>			
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. Malnourishment</u>				ANTECEDENT CAUSES					
DUE TO (b) <u>2. Toxic infection</u>				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c) <u>3. Myelomeningocele</u>				II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.								<u>75 1/2</u>	
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) _____		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 <u>9-6-1950</u> , to <u>9-7-1950</u> that I last saw the deceased alive on <u>9-7-1950</u> and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. M. Gilkey</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>1624 Prof Bldg</u>		23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>K-C. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-8-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackman</u>		ADDRESS <u>don K-C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.