

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20326

State File No.

FILED JUN 30 1951

2604

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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo.	
c. LENGTH OF STAY (In this place) 40 years		d. STREET ADDRESS (If rural, give location) 7609 Brooklyn	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3900

3. NAME OF DECEASED a. (First) JOHN (Type or Print)			b. (Middle) C			c. (Last) QUINN			4. DATE OF DEATH (Month) (Day) (Year) June 17 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 14 1887		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR: YEAR _____ MONTHS _____ DAYS _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothing Salesman				10b. KIND OF BUSINESS OR INDUSTRY D. & J Wilkerson Co		11. BIRTHPLACE (State or foreign country) St. Paul, Minn			12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME Daniel J Quinn			13b. MOTHER'S MAIDEN NAME Elizabeth			14. NAME OF HUSBAND OR WIFE Julia L Quinn		
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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) No		16. SOCIAL SECURITY NO. 486-05-0316		17. INFORMANT'S SIGNATURE OR NAME John C Quinn Jr		ADDRESS 7609 Brooklyn	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ 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.						INTERVAL BETWEEN ONSET AND DEATH 56⁰⁰	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 6-17, 1951, to June 17, 1951, that I last saw the deceased alive on June 17, 1951, and that death occurred at 3:30P m., from the causes and on the date stated above.

23a. SIGNATURE Hugh A. Gestring M.D.		23b. ADDRESS 2013 Withman Bldg		23c. DATE SIGNED 6-29-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 20 1951		24c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 6-19-51		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Merle E. Robin		ADDRESS 20 West Linwood	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Forest R. Colman

Signed.....
Student Embalmer

Licensed Embalmer No. 4214

P. O. Address I. C. 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.