

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37435**
5133

FILED DEC 15 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 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 town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City,	
c. LENGTH OF STAY (in this place) Unknown		d. STREET ADDRESS (If rural, give location) Kansas City, 528 Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION 528 Main			

3. NAME OF DECEASED (Type or Print) a. (First) Charles	b. (Middle) McQuivery	c. (Last) McQuivery	4. DATE OF DEATH (Month) (Day) (Year) 11/19/51
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown	8. DATE OF BIRTH Unknown	9. AGE (In years) (Month) (Day) (Year) 46	IF UNDER 1 YEAR (Hours) (Min.)	IF UNDER 2 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) Unknown	12. CITIZEN OF WHAT COUNTRY? Unknown
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown K.C. Mo.
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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) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Jackson County Coroner	ADDRESS K. C. 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 89768
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Gunshot Wound Head		
	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.			

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) suicide?	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hotel	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 11-19-51	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2 Gunshot wound
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) 3	23b. ADDRESS 1030 Quail Blvd	23c. DATE SIGNED 11-23-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/28/51	24c. NAME OF CEMETERY OR CREMATORY Kansas City College of Osteopathy - Surgery	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 11-30-51	REGISTRAR'S SIGNATURE Geraldine Holman	25. FUNERAL DIRECTOR'S SIGNATURE H. Tigerman & Sons	ADDRESS L. O. J.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1001

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 H. L. Roy Mooney

Licensed Embalmer No. 4776

P. O. Address L. C. Mooney

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.