

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27473**

FILED JUL 20 1953

| | | | | | | | | | |
|---|-------------------------------|---|--|--|--|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 312 | | PRIMARY REG. DIST. NO. 4517 | | Registrar's No. 50 | | | |
| 1. PLACE OF DEATH a. COUNTY TANEY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS | | | | b. COUNTY SEDOWICK | |
| b. CITY OR TOWN BRANSON | | | c. LENGTH OF STAY (in this place) 1 day | c. CITY OR TOWN Wichita | | | 8150 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Skaggs Community Hosp. | | | | d. STREET ADDRESS (If rural, give location) 925 N. Hillside ave | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARY | | | b. (Middle) MILLISA | | c. (Last) Quiring | | 4. DATE OF DEATH (Month) (Day) (Year) July 8, 1953 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH June 9, 1892 | | 9. AGE (in years last birthday) 60 | Months 0 | Days 29 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY housekeeping | | 11. BIRTHPLACE (State or foreign country) Iowa | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME James M. Kelso | | | 13b. MOTHER'S MARDEN NAME Laura Switzer | | 14. NAME OF HUSBAND OR WIFE William Quiring | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME, ADDRESS William Quiring, Wichita, Kansas | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis, acute | | | | | | INTERVAL BETWEEN ONSET AND DEATH 18 hrs. | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | 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"/> | |
| 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) _____ | | 4201 | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ | | 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 7-8 to 7-8 , 19 53 , that I last saw the deceased alive on 7-8 , 19 53 , and that death occurred at 9:30 m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE W.C. Maguire | | | | 23b. ADDRESS Branson, Mo | | 23c. DATE SIGNED 7-10-53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7/11/1953 | | 24c. NAME OF CEMETERY OR CREMATORY Old Mission | | 24d. LOCATION (City, town, or county) Wichita, Kansas | | | |
| DATE REC'D BY LOCAL REG. 7-14-53 | | REGISTRAR'S SIGNATURE J.E. Copwell | | | 25. FUNERAL DIRECTOR'S SIGNATURE Joseph Funeral Home | | ADDRESS Jawoyth, Mo | | |

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

1060

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

Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Sanity, 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.