

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36045**
4877

FILED OCT 28 1953
BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

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 OR TOWN Independence	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Osteopathic Hospital		e. STREET ADDRESS (If rural, give location) 304 N. Pleasant St.	
3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Joseph c. (Last) Quorollo		4. DATE OF DEATH (Month) (Day) (Year) Oct. 9 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 25 MAY 1885
9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) KEARNEY Mo. 0
10a. USUAL OCCUPATION (Give kind of work describing most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Quorollo		13b. MOTHER'S MAIDEN NAME Ella Harber	14. NAME OF HUSBAND OR WIFE Bessie Quorollo
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. 490-09-0729	17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Bessie Quorollo Independ. Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchopneumonia ANTECEDENT CAUSES (b) Cardiovascular renal disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephrosclerosis DUE TO (c) Cardiac Hypertrophy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis	
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) 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 _____, 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 D. A. Hoskins (Degree or title) D. A. Hoskins D. O. Pathologist 2		23b. ADDRESS 2105 Independence Ave. Xemo.	23c. DATE SIGNED 10-10-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11 Oct -53	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	24d. LOCATION (City, town, or county) (State) KANSAS City Mo
DATE REC'D BY LOCAL REG. 10-10-53	REGISTRAR'S SIGNATURE Sheldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ott + Mitchell Independ. Mo

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.....
Signature of Student Embalmer

Signed *Jason T. White*.....
Licensed Embalmer No. *4925*.....

P. O. Address *Indep. Ma*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.