No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5075

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 817

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 54 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trinity Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 410 East Meyer 3848

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): JOHN (JACK)
c. (Last): SQUIRE

4. DATE OF DEATH (Month) (Day) (Year): Feb. 21, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 19, 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Electrical Engr.
10b. KIND OF BUSINESS OR INDUSTRY: Squire Elec. Co.
11. BIRTHPLACE (City and State or Foreign Country): Vicksburg, Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William John Squire
13b. MOTHER'S MAIDEN NAME: Catherine Crilley
14. NAME OF HUSBAND OR WIFE: Helen May Squire

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.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Helen May Squire, 410 E. Meyer, K.C.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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease c̄ terminal failure + pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — DUE TO (b) Generalized arteriosclerosis. — ? years

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Essential hypertension — 6 years +
Conditions contributing to the death but not related to the disease or condition causing death — Cerebral hemorrhage - R. hem. paresis — 5 yrs 10 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4250
20. AUTOPSY? YES [ ] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-20, 1943, *to* 2-21, 1954, *that I last saw the deceased alive on* 2-20, 1954, *and that death occurred at* 2:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph E. Welker (Degree or title): Joseph E. Welker MD
23b. ADDRESS: 836 Prof. Bldg. K.C. Mo
23c. DATE SIGNED: 2-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-24-54
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 2-22-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: STINE & McCLURE UND. CO. K.C.MO.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Joseph E. Walker
836 Professional Bldg.
Vi, 6087

Tue 2:

11 to 1:30 Trinity Lutheran Hosp.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gerald A. Burgess

Licensed Embalmer No. 476

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.