

STANDARD CERTIFICATE OF DEATH

8886

State File No.

1309

BIRTH NO. FILED APR 7 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>18 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Miami</u> c. CITY OR TOWN <u>Paola</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>610 South Silver</u> 815⁰ 8	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>E.</u> c. (Last) <u>QUIMBY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>23</u> <u>54</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 5, 1888</u>
9. AGE (In years last birthday) <u>65</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>-USA</u>
13a. FATHER'S NAME <u>Stephen Ellsworth Quimby</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Beuler</u>	
14. NAME OF HUSBAND OR WIFE <u>Virgie Quimby</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>509-10-6684</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Virgie Quimby, Paola, Kansas</u>	
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) <u>Glioma (Brain Tumor)</u> ANTECEDENT CAUSES <u>Symptoms of 4 was observed</u> 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. <u>Extens. Sclerotic Hypertension 1931</u>	
19a. DATE OF OPERATION <u>3/20/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Unoperable Brain Tumor (Glioma)</u>		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)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)
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 <u>3/5</u>, 19<u>54</u>, to <u>3/23</u>, 19<u>54</u>, that I last saw the deceased alive on <u>3/23</u>, 19<u>54</u> and that death occurred at <u>11 a. m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert C. McElanahan</u> (Degree or title) <u>D. P.</u>		23b. ADDRESS <u>820 Professional Bldg</u>	
23c. DATE SIGNED <u>3/23/54</u>		24. BURIAL, CREMATION, REMOVAL (Specify)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-23-54</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Paola, Kansas</u>
DATE REC'D BY LOCAL REG. <u>3-23-54</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE UND. CO.</u>	ADDRESS <u>K.C.MO.</u>

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

No. 300
10-48

Drs. Davis, McElanahan & Pittner
Prof Bldg. No. 2892

TOD 11:00

1956 JUN 8 11:00

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..... *J. J. Crowell*

Licensed Embalmer No. *480*

P. O. Address... *X C M*

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.