

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19120
2581

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>35 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>1228 Oak</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>General Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>	b. (Middle) <u>THOBIN</u>	c. (Last) <u>Queen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 6 1954</u>
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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. 7 - 1867</u>	9. AGE (In years last birthday) <u>86</u>	# UNDER 1 YEAR Months Days	# UNDER 1 MTH. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Apartment Bldg.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Sam Queen</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Queen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>493-22-2447</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Meader; Indap., Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute and chronic pyelonephritis nodular</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Benign prostatic hypertrophy with cystitis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>610*</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1, 1954 to June 6, 1954, that I last saw the deceased alive on June 6, 1954, and that death occurred at 10:25 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>B.I. Burns</u> (Degree or title)	23b. ADDRESS <u>24th & Cherry</u>	23c. DATE SIGNED <u>6-7-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>June 3-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-8-54</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.H. Blackman Son Inc. K.C., Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten initials and scribbles in the top right corner.

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 *W.C. Quinn*.....

Licensed Embalmer No... *487*

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