

FILED SEP 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 29899  
Registrar's No. 350

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 350	
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 Independence		c. LENGTH OF STAY (in this place) 5 mo.		c. CITY OR TOWN Independence,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Nursing Home				e. STREET ADDRESS (If rural, give location) 1400 N. River 70050			
3. NAME OF DECEASED (Type or Print) a. (First) Mattie			b. (Middle) J.		c. (Last) McQueen		4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1955
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 2, 1866		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self employed		11. BIRTHPLACE (City and State or Foreign Country) Mindon, Mo.		12. COUNTRY OF BIRTH? USA	
13a. FATHER'S NAME Adam Littrell		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE J. C. McQueen (deceased)			
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 Mrs. Mattie Caswell, Independence, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES (b) Emphysema Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7041						INTERVAL BETWEEN ONSET AND DEATH 5 days 3 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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?			
22. I hereby certify that I attended the deceased from Oct 24, 1954, to Sept 11, 1955, that I last saw the deceased alive on Sept 11, 1955, and that death occurred at 10:54 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Fred W. Smith, M.D.				23b. ADDRESS 10229 Indep. Ave.		23c. DATE SIGNED 9/13/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/13/55		24c. NAME OF CEMETERY OR CREMATORY McCullough Cem.		24d. LOCATION (City, town, or county) (State) Triplett, Mo.	
DATE REC'D BY LOCAL REG. 9-13-55		REGISTRAR'S SIGNATURE Mrs. C. S. S. 350		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. B. Larson Independence, Mo.			

(Licensed Emballer's Statement on Reverse Side)

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

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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. H. Gibson*

Licensed Embalmer No... *487*

P. O. Address *Indep., T.*

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.