

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36981**  
**4897**

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>					
b. CITY OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>abt. 2 mo</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> No <input type="checkbox"/> Yes			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3621 WARWICK BLVD WARWICK NURSING HOME</b>				STREET ADDRESS (If rural, give location) <b>7300 PALMER</b>					
3. NAME OF DECEASED (Type or Print) <b>FLORENCE</b>			a. (First)		b. (Middle)		c. (Last) <b>QUISTGARD</b>		
4. DATE OF DEATH <b>NOVEMBER-12-1955</b>		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>WIDOWED</b>		8. DATE OF BIRTH <b>MAY 2 1878</b>	
9. AGE (In years last birthday) <b>77</b>		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) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>DUNSMUIR CANADA</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13a. FATHER'S NAME <b>UNKNOWN CAMERON</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE <b>EDWARD QUISTGARD</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>A.C. Quistgard</b> ADDRESS <b>7300 Palmer</b>					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIO SCLEROSIS HYPERTENSIVE</b> ANTECEDENT CAUSES DUE TO (b) <b>L. CEREBRAL THROMBOSIS</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <b>20 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) _____ 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 <u>45</u> , to <u>11-12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-9</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Martin P. Hunter</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>1408 Wallstein Bldg</b>		23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>NOV. 13. 1955</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>WARREN MINNESOTA</b>			
DATE REC'D BY LOCAL REG. <b>11-12-55</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer</b> ADDRESS <b>1331-BRUSH CREEK KANSAS CITY, MO.</b>					

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

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 *John B Lewis*.....

Licensed Embalmer No. *487*

P. O. Address *KC 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.