No. 300
10.48

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

FILED DEC 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41054

State File No.

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 504

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BROOKING Township
c. LENGTH OF STAY (in this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Hickman Mills
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ (no)
e. STREET ADDRESS (If rural, give location): 70th Terr. & Greenway Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): M.
c. (Last): Queener

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16, 1955

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Apr. 19, 1868
9. AGE (In years last birthday): 87 — 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): Retired stonemason
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (City and State or Foreign Country): Ft. Madison, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: unknown Queener
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Cora B. Queener,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Cora B. Queener, Hickman Mills, 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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(a) (1) Cardiac decompensation c pulmonary edema & circulatory failure — 3 wks.
DUE TO (b) (2) Arteriosclerotic cardiovascular disease — 20 yrs.?
DUE TO (c) (3) Generalized arteriosclerosis

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypostatic pneumonia — 1 wk.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4221
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* Aug 2, 1954, *to* Dec 16, 1955, *that I last saw the deceased alive on* Dec 16, 1955 *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert B. Russell M.D.
23b. ADDRESS: Raytown, Mo.
23c. DATE SIGNED: 12/16/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/19/55
24c. NAME OF CEMETERY OR CREMATORY: Mt. Washington Cem.
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 12-19-55
REGISTRAR'S SIGNATURE: [illegible] 354
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Geo. E. Larson, Independence, Mo.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tom D. Marklan

Licensed Embalmer No. 45

P. O. Address Indep

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