

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5261

State File No. \_\_\_\_\_

No. 300  
10.48

FILED FEB 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 78

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) <u>Independence</u>		c. CITY OR TOWN <u>Indep.</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>1 month</u>		e. STREET ADDRESS (If rural, give location) <u>2912 Appleton # 205</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Sanitarium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) FLORENTINA b. (Middle) ELIZABETH c. (Last) QUEEN 4. DATE OF DEATH (Month) (Day) (Year) Feb-13-1956

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Nov-5-1870 9. AGE (In years last birthday) 85 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY at Home 11. BIRTHPLACE (City and State or Foreign Country) Westphalen Germany 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Edellrock 13b. MOTHER'S MAIDEN NAME Elizabeth Curtman 14. NAME OF HUSBAND OR WIFE Charles Queen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Marie Cooley 910 Newton

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) \_\_\_\_\_

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Congestive failure INTERVAL BETWEEN ONSET AND DEATH 1 wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease

DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) 4200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ 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 Jan 10, 1956 to Feb 13, 1956, that I last saw the deceased alive on 8:00 pm 2-12-56, and that death occurred at 2:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul L. Bachmann M.D. 23b. ADDRESS 0212 W. Truman 23c. DATE SIGNED 2-14-56

24a. DATE Feb-15-1956 24b. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery 24c. LOCATION (City, town, or county) (State) Kennett City, Mo.

DATE REC'D BY LOCAL REG. 2-15-56 REGISTRAR'S SIGNATURE James H. Adams 354 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS C. H. Blackman & Son Inc

(Licensed Embalmer's Statement on Reverse Side)

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

H. B. 714

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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..... *Bert B. Bennet*

Licensed Embalmer No. *465*

P. O. Address *K. 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.