

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1956

State File No. **20676**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2259**

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 town) **Kansas City**  
c. LENGTH OF STAY (in this place) **52 Yrs.**

c. CITY OR TOWN **Kansas City**  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **8413 Main Street**

STREET ADDRESS (If rural, give location) **8413 Main Street** **39480**

3. NAME OF DECEASED  
a. (First) **RAYMOND** b. (Middle) **RAY** c. (Last) **QUADE**

4. DATE OF DEATH (Month) (Day) (Year) **May 27, 1956**

5. SEX **Male** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **11-12-1903**

9. AGE (In years last birthday) **52** 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 - Auto Salesman**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Walter Quade**

13b. MOTHER'S MAIDEN NAME **Goldie Ray**

14. NAME OF HUSBAND OR WIFE **Mrs. Helen H. Quade**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO. **494-12-9420**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Helen H. Quade Kansas City, 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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Myocardial Infarction**  
ANTECEDENT CAUSES  
DUE TO (b) **Coronary occlusion**  
DUE TO (c) **Arteriosclerosis Coronary**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Generalized arteriosclerosis**

INTERVAL BETWEEN ONSET AND DEATH  
**Instant**  
**2 yrs**  
**2 yrs +**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **42d**

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 **4/10/1954**, to **5/27/1956**, that I last saw the deceased alive on **7/25/1956**, and that death occurred at **10:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE **Robert W. Hamill** (Degree or title) **M.D.**

23b. ADDRESS **4620 J.C. Nichols Bldg**

23c. DATE SIGNED **5/28/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation**

24b. DATE **5-29-56**

24c. NAME OF CEMETERY OR CREMATORY **Elmwood Crematory**

24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **5-29-56** REGISTRAR'S SIGNATURE **Neva Minshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Freeman Mortuary Kansas City, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

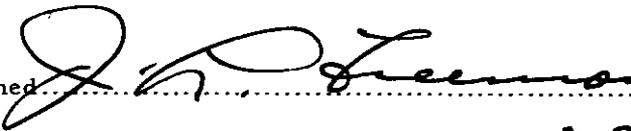
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

The. Pearl Service  
4620 Tichenor Hwy.  
Dec. 1-2020  
1:30-5  
Room 507

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  .....

Licensed Embalmer No. 29

P. O. Address J. O. 1

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.