

FILED DEC 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38133**
4953

| | | | | | | | | |
|---|-------------------------------|---|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | |
| 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) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>70 years</u> | | c. CITY OR TOWN <u>Kansas City</u> | | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u> | | | | STREET ADDRESS (If rural, give location) <u>3332 Olive</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CLEONA</u> b. (Middle) <u>JOSEPHINE</u> c. (Last) <u>LUNDQUIST</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 15 1956</u> | | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>July 26 1885</u> | | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months _____ | IF UNDER 1 RES. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>William Stephens</u> | | 13b. MOTHER'S MAIDEN NAME <u>Josephine Leurghead</u> | | 14. NAME OF HUSBAND OR WIFE <u>Walter Lundquist</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Walter Lundquist - 3332 Olive Rd.</u> ADDRESS _____ | | | | |
| 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) <u>Mgo cerebral infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arterio-sclerotic coronary thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>STAT</u> <u>4201</u> | |
| 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) _____ | | 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 <u>10-28</u> 19 <u>56</u> , to <u>11-15</u> 19 <u>56</u> , that I last saw the deceased alive on <u>11-15</u> , 19 <u>56</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>John W. Cashman</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>535 Argyle 15th Mo Kansas City</u> | | 23c. DATE SIGNED <u>11/16/56</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov 17 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>11-16-56</u> | | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelso Funeral Home</u> ADDRESS <u>2315 Remond</u> | | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John W. Cashman

1925

August 1925
No. 2-8227

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 Chas. E. Wilkes

Licensed Embalmer No. 2644

P. O. Address H. C. M. O.

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.