FILED FEB 13 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

481

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY CALLAWAY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON — Inside Limits Yes X No ☐	c. CITY OR TOWN KANSAS CITY 3848 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) STATE HOSPITAL #1 — Length of stay in 1b 29 YRS.	d. STREET ADDRESS (If outside, give location) 3007 E. 68th Street — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First / Middle / Last: NELLIE M. QUINLAN		4. DATE OF DEATH Month Day Year: FEBRUARY 8, 1957	
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: JULY 24, 1872
9. AGE (In years last birthday): 84	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: HOME	11. BIRTHPLACE (City and state or country): KANSAS CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN WALMSLEY		14. MOTHER'S MAIDEN NAME: EMMA H. ?	
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.: NONE	17. INFORMANT Address: STATE HOSPITAL #1, FULTON, MISSOURI	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ARTERIOSCLEROSIS — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) PYURIA

DUE TO (c) GENERAL & CEREBRAL ARTERIOSCLEROSIS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 334X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. X attended the deceased from STATE HOSPITAL #1, 9-13-27, to 2-8-57 ~~and last saw him alive on~~

Death occurred at 2:20 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. [signature] M.D.	22b. ADDRESS: STATE HOSPITAL #1, FULTON, MO.	22c. DATE SIGNED: 2-8-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Feb. 8-1957	23c. NAME OF CEMETERY OR CREMATORY: DK
23d. LOCATION (City, town, or county): Kansas City	(State): Mo	
24. FUNERAL DIRECTOR: Wallace Funeral Home	ADDRESS: Fulton, Mo	25. DATE RECD. BY LOCAL REG.: Feb. 8-1957
26. REGISTRAR'S SIGNATURE: Maretta Lawrence		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no nature of disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hector R. Masure

Licensed Embalmer No. 4

P. O. Address Fulton,

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