Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases 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

FILED MAY 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 13356

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1702

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: VETERANS ADM. HOSPITAL — Length of stay in 1b: 6 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: KANSAS b. COUNTY: Wyandotte
c. CITY OR TOWN: KANSAS CITY 8150 S — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1620 Wood — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: RUSSELL Middle: D. Last: QUINN

4. DATE OF DEATH Month, Day, Year: April 10, 1957

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☒ **8. DATE OF BIRTH:** September 1, 1895 **9. AGE** (In years last birthday): 61 — 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): Collector
10b. KIND OF BUSINESS OR INDUSTRY: Gas Serv. Co.
11. BIRTHPLACE (City and state or country): Linwood, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J. Quinn
14. MOTHER'S MAIDEN NAME: Cassie Gosnell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 510 07 1241
17. INFORMANT Address: VA Hospital Official Records., K. C. Mo.

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): Bronchopneumonia, bilateral
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bronchogenic carcinoma
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 162X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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. I attended the deceased from October 1, 1956 to April 10, 1957
Death occurred at 8:35 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): GUIDO PODRECCA, M.D. Guido Podrecca
22b. ADDRESS: VA Hospital, Kansas City, Mo.
22c. DATE SIGNED: 4/10/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Apr. 13-1957
23c. NAME OF CEMETERY OR CREMATORY: Maple Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Kansas

24. FUNERAL DIRECTOR: Jos. A. Butler's Sons, K.C.K. ADDRESS
25. DATE RECD. BY LOCAL REG.: 4-12-57
26. REGISTRAR'S SIGNATURE: Neva Mitchell

(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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 342

P. O. Address K.C.K.....

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