

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17298  
STATE FILE NUMBER  
1961

FILED MAY 20 1957

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

300  
-57 30

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 OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEAD ON ARRIVAL K.C. GENERAL HOSPITAL		Length of stay in 1b <sup>1</sup> 3 MONTHS	d. STREET ADDRESS (If outside city location) MIDLAND HOTEL 2 WEST 14TH STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ROBERT ORRIN QUIGLEY			4. DATE OF DEATH Month Day Year APRIL 24 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 15 1936	9. AGE (In years last birthday) 20 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fry Cook		10b. KIND OF BUSINESS OR INDUSTRY PIONEER GRILL	11. BIRTHPLACE (City and state or country) SULLIVAN COUNTY MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME J. TRUMAN QUIGLEY		13b. MOTHER'S MAIDEN NAME MARY DOROTHY TORREY		14. NAME OF HUSBAND OR WIFE ---	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 492-40-3275	17. INFORMANT J. TRUMAN QUIGLEY	Address LA PLATA MISSOURI
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bullet in mind rffer chest		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	E 9 36 1/2 43
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Part Refused		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Shot by another party
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 4-24-57	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hotel	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson MO	STATE
21: I attended the deceased from _____ and last saw her alive on _____ Death occurred at 8:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Hugh H. Newcomer	(Degree or title) 3	22b. ADDRESS 1034 Platte Blv	22c. DATE SIGNED 4-24-57
23a. REMOVAL OR BURIAL (Specify)	23b. DATE APR 24 1957	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (State) LA PLATA MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	ADDRESS 1331 BRUSH CREEK KANSAS CITY MO	25. DATE RECD. BY LOCAL REG. 4-25-57	26. REGISTRAR'S SIGNATURE Neva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms were observed. All diseases in Part I must be causally related.

Hugh H. Newcomer ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



JAN 13 1958

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 Basil Honey

Licensed Embalmer No. 4724 P. O. Address K.C., Mo.

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.