FILED AUG 23 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28328
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3648

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Little Sisters of Poor 5331 Highland — Length of stay in 1b 5 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 5331 Highland (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First EDWIN Middle J. Last QUINN
4. DATE OF DEATH Month August Day 2 Year 1957
5. SEX Male
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH April 8, 1890
9. AGE (In years last birthday) 67 — 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 Elevator Operator
10b. KIND OF BUSINESS OR INDUSTRY Hotels
11. BIRTHPLACE (City and state or country) St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Patrick J. Quinn
13b. MOTHER'S MAIDEN NAME Mary Welbers
14. NAME OF HUSBAND OR WIFE -----
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 Ray A. Quinn, 3215 Summit, Kansas City, 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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — 5 yrs
DUE TO (c) — 4201
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 3/19/52 to 8/2/57 and last saw him alive on 8/1/57
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph A. Fogarty (Degree or title) DO
22b. ADDRESS 5811 Truman Rd K.C. Mo
22c. DATE SIGNED 8/3/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8/6/57
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) St. Joseph, Missouri (State)

24. FUNERAL DIRECTOR QUIRK & TOBIN — ADDRESS 20 W. Linwood, K.C.Mo.
25. DATE RECD. BY LOCAL REG. 8-3-57
26. REGISTRAR'S SIGNATURE Nova Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Joseph A. Fogarty

KP 2

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 E. C. Gibson

Licensed Embalmer No. 4137

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.