

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40560
STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5179

FILED NOV 20 1957

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 (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5723 Forest		d. STREET ADDRESS (If outside, give location) 5723 Forest	
3. NAME OF DECEASED (Type or print) First MICHAEL Middle JACK Last QUINN		4. DATE OF DEATH Month November Day 2 Year 1957	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 30, 1877
9. AGE (In years birthday) 80	10. FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Route Man		10b. KIND OF BUSINESS OR INDUSTRY Bachelor's Laundry	
11. BIRTHPLACE (City and state or country) England		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dan Quinn		13b. MOTHER'S MAIDEN NAME Mary Carrol	
14. NAME OF HUSBAND OR WIFE Elizabeth M. Quinn		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. 487-07-3321		17. INFORMANT Address Mrs. Elizabeth M. Quinn-5723 Forest, K.C. MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atherosclerotic cardiovascular disease			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Generalized atherosclerosis			4221
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) malnutrition, gastritis acute			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
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 <u>10-18-57</u> to <u>11-2-57</u> and last saw ^{her} him alive on <u>11-1-57</u> Death occurred at <u>6:30pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H.A. Underwood, M.D.		22b. ADDRESS 5100 E. 24th K.C. Mo.	
22c. DATE SIGNED 11/4/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11/5/57		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		24. FUNERAL DIRECTOR ADDRESS QUIRK & TOBIN-20 W. Linwood, K.C. Mo.	
25. DATE RECD. BY LOCAL REG. 11-5-57		26. REGISTRAR'S SIGNATURE Neva Marshall	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. H.A. Underwood
 securing the medical certificate in the specific manner required by 193. (a) MoKS 1949.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

