

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1396

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 238

300
-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2930 Tracy</u>		Length of stay in lb <u>5 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>2930 Tracy</u>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>W.</u> Last <u>Quinley</u>			4. DATE OF DEATH Month <u>1</u> Day <u>11</u> Year <u>58</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 30, 1920</u>
9. AGE (In years last birthday) <u>37</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) <u>the Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>	11. BIRTHPLACE (City and state or country) <u>Boonville Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Guy Quinley</u>	
13b. MOTHER'S MAIDEN NAME <u>Bessie Marrow</u>		14. NAME OF HUSBAND OR WIFE <u>Kenneth Lee Quinley</u>	
15. WAS DECEASED MEMBER IN U. S. ARMED FORCES? (Yes or no, and dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>491-11-2136</u>	17. INFORMANT Name <u>Robert Quinley</u> Address <u>2930 Tracy</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Death by suffocation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2910</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Burns on arms & legs</u>			
20a. ACCIDENT <input checked="" 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.) <u>cat caught fire</u>	
20c. TIME OF INJURY Hour <u>1-15</u> Month <u>58</u> Day <u>11</u> Year <u>58</u> g.m. _____ p.m. _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Kansas City Jackson mo</u>	
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George H. Owens, Coroner</u>		22b. ADDRESS <u>103 4th St Bldg</u>	22c. DATE SIGNED <u>1-13-58</u>
23a. BURIAL OR CREMATION (REMOVAL Specify)	23b. DATE <u>1-17-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Aubrey</u>	23d. LOCATION (City, town, or county) (State) <u>Bellevue Kansas</u>
24. FUNERAL DIRECTOR <u>H. Leguina</u>		25. DATE RECD. BY LOCAL REG. <u>1-15-58</u>	26. REGISTRAR'S SIGNATURE <u>neva marshall</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Hugh H. Owens

RECEIVED
SEP 14 1960

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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 *J. L. Ray*

Licensed Embalmer No. 4776

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.