

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021985

STATE FILE NUMBER

2830

FILED JUN 16 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2830

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kans. b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LaCygne
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hosp.		Length of stay in 1b 5 days	d. STREET ADDRESS (If outside, give location) 815 e none
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Earl McQueen			4. DATE OF DEATH Month Day Year 6-2-58		
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 8-14-1886		9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) LaCygne, Kans.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wm. McQueen		13b. MOTHER'S MAIDEN NAME Julia Conley		14. NAME OF HUSBAND OR WIFE none	
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. none	17. INFORMANT Address Mrs. E. E. Harvey, Kansas City, 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) Emphysema, Senile		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	8291
	DUE TO (c)	
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 <input checked="" type="checkbox"/> NO <input 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 AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Kansas City, Jackson, Kansas	20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson Kansas
21. I attended the deceased from Death occurred at 4:30 am on 3/31/58 to 6/2/58 and last saw her alive on 6/2/58 m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Name or title) Richard L. Lehner M. D.	22b. ADDRESS Prof. Bldg. Kansas City, Mo.	22c. DATE SIGNED 6-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-4-58	23c. NAME OF CEMETERY OR CREMATORY Osawatomie Cemetery	23d. LOCATION (City, town, or county) (State) Osawatomie, Kans.
24. FUNERAL DIRECTOR ADDRESS Mangold Funeral Service, LaCygne, Ks.		25. DATE RECD. BY LOCAL REG. 6-4-58	26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Richard L. Lehner  
Ait diseases in Part I must be causally related.



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 .....  
*Robert L. Mangold*

Licensed Embalmer No. .... 4972

P. O. Address ..... LaCygne, Ka

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.