

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022044  
STATE FILE NUMBER  
2849

FILED JUL 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		Length of stay in 1b <b>40 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>3215 Summit St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Raymond</b> Middle <b>A.</b> Last <b>Quinn</b>			4. DATE OF DEATH Month <b>June</b> Day <b>3</b> Year <b>1958</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 1, 1894</b>	9. AGE (In years) <b>63</b> IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Meter Inspector</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>City Water Dept. Kansas City, Mo.</b>	11. BIRTHPLACE (City and state or country) <b>St. Joseph, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Patrick J. Quinn</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Welbers</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Florence Quinn</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-12-9440</b>	17. INFORMANT <b>Frank Quinn, 5800 Oxford, Raytown, Mo.</b>
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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) <b>Acute &amp; Chronic Cardiac Decompensation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>288 h</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Terminal heart failure or cardiac exhaustion</b>	
	DUE TO (c) <b>Pulmonary fibrosis</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Ventricular hypertrophy - Possible Cor Pulmonale - Extensive gout</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.) <b>None</b>
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20c. TIME OF INJURY <b>None</b>	20d. INJURY OCCURRED WHILE <input checked="" type="checkbox"/> NOT AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	20f. CITY, TOWN, OR LOCATION <b>None</b>	COUNTY <b>None</b>	STATE <b>None</b>
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21. I attended the deceased from <b>Mar 1 1955</b> to <b>June 3 1958</b> and last saw him alive on <b>June 2, 1958</b> Death occurred at <b>4:35 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Harvey Jennett M.D.</b>	22b. ADDRESS <b>50 Professional Bldg Kansas City Mo</b>	22c. DATE SIGNED <b>6-5-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-6-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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24. FUNERAL DIRECTOR <b>Mellody McGilley-Eylar, K.C. Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6-5-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>
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(Licensed Embalmer's Statement on Reverse Side)

300  
1-57

X

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All entries in Part I must be causally related.

MEDICAL CERTIFICATION  
Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
J. Harvey Jennett



2-2-3181

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 Wm H Dentz .....  
Licensed Embalmer No. 5038  
P. O. Address N.C. Md

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.