

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032839
STATE FILE NUMBER
4050

FILED SEP 16 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4050

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas city mo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas city mo</i> 903 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>7922 Michigan</i>		Length of stay in 1b <i>42 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>7922 Michigan</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Mr George H MacQueen</i>			4. DATE OF DEATH Month Day Year <i>8-22-1958</i>			
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>11-21-1895</i>	9. AGE (In years last birthday) <i>62</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>contractor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Small Justice Home</i>	11. BIRTHPLACE (City and state or country) <i>Walker Iowa</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>George W MacQueen</i>		13b. MOTHER'S MAIDEN NAME <i>Ella Hutchins</i>	14. NAME OF HUSBAND OR WIFE <i>Hazel MacQueen</i>	
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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) <i>no</i>		16. SOCIAL SECURITY NO. <i>490-16-7834</i>	17. INFORMANT Address <i>Hazel MacQueen 7922 Michigan</i>	
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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) <i>Myocardial Infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 Hour</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <i>Arteriosclerotic Heart Disease</i>		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			

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.)		
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>1957</i> to <i>8-22-58</i> and last saw him alive on <i>8-19-1958</i> Death occurred at <i>1:15 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE <i>R.W. Butcher</i> (Degree or title) <i>M.D.</i>	22b. ADDRESS <i>1805 East 80th Street K.C. Mo</i>	22c. DATE SIGNED <i>8-23-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>8-25-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, mo</i>
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24. FUNERAL DIRECTOR ADDRESS <i>France-Wornall Funeral Home</i>	25. DATE RECD. BY LOCAL REG. <i>8-24-58</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

R. W. Butcher

All diseases in Part I must be causally related.

300
1-57



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 *Russell N. France*

Licensed Embalmer No. *4255*

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.