

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033198
STATE FILE NUMBER

FILED SEP 25 1958 Registration District No. 156 Primary Registration District No. 5572 Registrar's No. 191

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) OR Rural Prairie TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co Hosp		Length of stay in lb 51 Days	d. STREET ADDRESS 2000 Quincy		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Homer Middle Last Querry			4. DATE OF DEATH Month 9 Day 16 Year 1958		
5. SEX M	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 July 12 1870	9. AGE (In years birth day) 88	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Co. Employee		10b. KIND OF BUSINESS OR INDUSTRY County	11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo	12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME Thomas Calvin Querry		13b. MOTHER'S MAIDEN NAME Sarah M. Sides		14. NAME OF HUSBAND OR WIFE Mary Querry	
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. 496 09 4977	17. INFORMANT Address Mrs. Mary Querry 2000 Quincy		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL Thrombosis					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) ARTERIO Sclerosis					
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 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.) 2		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
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.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 7-27-58 to 9-16-58 and last saw her alive on 9-15-58 Death occurred at 5:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>David Wagoner</i> (Degree or title)			22b. ADDRESS Jackson Co. Hosp. Indep.		22c. DATE SIGNED 9-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-18-1958	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) Kansas City Missouri		(State)
24. FUNERAL DIRECTOR ADDRESS Floral Hills Memorial Chapels, Inc			25. DATE RECD. BY LOCAL REG. 9-17-58	26. REGISTRAR'S SIGNATURE <i>W. R. ...</i>	

Disease, condition, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. E. Mc...*
..... Licensed Embalmer No. *3938*
P. O. Address *J. E. Mc...*

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.