

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001677

STATE FILE NUMBER

FILED FEB 9 1959

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 27

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prairie Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Lees Summit 1011 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 1b 8 yrs.		d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED First Middle Last Daisy Qualtrough			4. DATE OF DEATH Month Day Year Jan. 24, 1959		
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5. SEX Female 1	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 31, 1868	9. AGE (In years last birthday) 88	10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Unknown 7	12. CITIZEN OF WHAT COUNTRY? Unknown
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or "in service", give war or dates of service) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Jackson County Hospital Records Address
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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>Arterio-Sclerotic Heart disease</i> <i>Generalized Arterio Sclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		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.)
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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>Sept 20</i> to <i>58 Jan 24, 59</i> and last saw her alive on <i>Jan 24 1959</i> Death occurred at <i>10:10 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>Oliver Super M. D.</i> (Degree or title)	22b. ADDRESS <i>Lees Summit, Mo</i>	22c. DATE SIGNED <i>1-27-59</i>
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23a. BURIAL, CREMATION RENEVAL (Specify) <i>Burial</i>	23b. DATE <i>1/28/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City Mo</i>
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24. FUNERAL DIRECTOR <i>Stine & McClure</i> ADDRESS <i>K. C. Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>1-29-59</i>	26. REGISTRAR'S SIGNATURE <i>M. B. Langford</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1-1-1925
P. 1-0175
1-1-1925
Wm. M. Turner
of Kansas City, Mo.
1-1-1925
Wm. M. Turner, A.M.

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 William M. Turner
Licensed Embalmer No. 4648
Kansas City, 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.