

FILED FEB 27 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005819
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 809

300
-57

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 TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input 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 3834 Myrtle		Length of stay in lb 27 yrs.	d. STREET ADDRESS (If outside, give location) 3834 Myrtle		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Virginia Middle Mildred Last Quinn,			4. DATE OF DEATH Month 2 Day 9 Year 1959		
5. SEX Female	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 11-19-1919	9. AGE (In years) 39 (day)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTH PLACE (City and state of country) Louisville, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Alonzo Turner		13b. MOTHER'S MAIDEN NAME Josephine Fultz		14. NAME OF HUSBAND OR WIFE John J. Quinn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> No, <input checked="" type="checkbox"/> unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT John J. Quinn; 3834 Myrtle K.C., 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) Massive Bilateral Lobar pneumonia					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) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bilateral atherosclerosis - Calcified - lithaemic					19. WAS AUTOPSY PERFORMED? 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.)			
20c. TIME OF INJURY Hour _____ 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 _____	
21. I attended the deceased from death occurred at 2/9/59 2340 and last saw her alive on 2/2/59 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James E. Griffin (Deputy or title)		22b. ADDRESS 3900 Paces KC Mo		22c. DATE SIGNED 2/11/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-13-1959		23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	
		23d. LOCATION (City, town, or county) Kansas City, Missouri			
24. FUNERAL DIRECTOR Weilert Funeral Homes (S) K.C., Mo.		25. DATE RECD. BY LOCAL REG. 1-12-59		26. REGISTRAR'S SIGNATURE neva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

James E. Griffin, M.D. 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 *B. C. Weiler*

Licensed Embalmer No. *4075*
P. O. Address *X. C. J.*

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.