

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009614

FILED MAR 19 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 1072 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If inside corporate limits, give TOWNSHIP only) <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Mary's Hospital</u> HOSPITAL OR INSTITUTE		d. STREET ADDRESS (If outside, give location) <u>2537 Cherry</u>	
3. NAME OF DECEASED (Type or print) <u>Hallie</u>		4. DATE OF DEATH Month <u>2</u> Day <u>24</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July-23-1870</u>
9. AGE (In years last birthday) <u>88</u>		10. IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	
11. BIRTHPLACE (City and state or country) <u>Jonesburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Coleman</u>	
14. NAME OF HUSBAND OR WIFE <u>Leander Quick</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>Lee Earl Quick</u> Address <u>4229 E. 61st Ave. N.C. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute pulmonary edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral thrombosis</u> DUE TO (c) <u>Cerebral arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Auricular fibrillation due to arteriosclerotic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>2 weeks</u> <u>2 years +</u>
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 <u>-</u> Month <u>-</u> Day <u>-</u> Year <u>-</u> a.m. <u>-</u> p.m. <u>-</u>		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 <u>-</u> STATE <u>-</u>	
21. I attended the deceased from <u>10-1-58</u> to <u>2-24-59</u> and last saw her alive on <u>2-24-59</u> Death occurred at <u>-</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Herbert Shuey M.D.</u> (Degree or title)		22b. ADDRESS <u>3903 Brooklyn K.C., Mo.</u>	
22c. DATE SIGNED <u>2-25-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>2-27-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>M.M. Morick Cem.</u>	
23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>C.H. Blackman &amp; Son Inc. K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-26-59</u>	
26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Herbert Shuey

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 Wayne Smith, Student Embalmer No. 569  
working under my personal supervision.

Student Wayne Smith  
Signature of Student Embalmer

Signed W.C. Ruess

Licensed Embalmer No. 4879

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.