

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021609

FILED JUL 8 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 2933 Registrar's No. 2933

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 type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSP		Length of stay in lb 4 1/2 yrs	d. STREET ADDRESS (If outside, give location) 4337 E. 56th ST. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First SELDON Middle OUART Last			4. DATE OF DEATH Month JUNE Day 14 Year 1959		
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5. SEX MALE	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 APRIL 11 1893	9. AGE (In years) 66 yrs	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
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10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CONT. FOREMAN K. C. LIGHT	10b. KIND OF BUSINESS OR INDUSTRY MEADE CO KANSAS	11. BIRTHPLACE (City and state or country) MEADE CO KANSAS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN F. OUART	13b. MOTHER'S MAIDEN NAME HARRIETT STRICKLAND	14. NAME OF HUSBAND OR WIFE MRS. E. LEE OUART
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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) NO	16. SOCIAL SECURITY NO. 4867107457	17. INFORMANT MRS. LEE OUART 4337 EAST 56th STREET 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) A acute pulmonary edema 6 hrs.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) Lt Ventricular decompensation 18 hrs.	
	DUE TO (c) Hypertensive lardic vascular disease 15 to 20 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Small blood clots		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.) 443X
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 KANSAS CITY	COUNTY JACKSON	STATE MISSOURI
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21. I attended the deceased from **June 13 1959** to **June 14 1959** and last saw her alive on **June 14 1959**
Death occurred at **9:15 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert Keith Russell, M.D. (Degree or title)	22b. ADDRESS Raytown, Mo.	22c. DATE SIGNED 6-15-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 17, 1959	23c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEM	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
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24. FUNERAL DIRECTOR D W Newcome's Sons, Inc. ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 6-16-59	26. REGISTRAR'S SIGNATURE neva mitchell
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Robert Keith Russell
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

Edward M. Storey

Licensed Embalmer No. *4452*

P. O. Address *K. C. 1011*

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.