

RI DIVISION-OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 25 1960

60-001828

118

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 118

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,		Length of stay in 1b 40 Yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1917 Agnes Str.		d. STREET ADDRESS (If outside, give location) 1917 Agnes Str.	

3. NAME OF DECEASED (Type or print) First Garland Middle Quinn Sr. Last Quinn Sr.			4. DATE OF DEATH Month I Day 7 Year 60			
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5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-10-1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman	10b. KIND OF BUSINESS OR INDUSTRY Merchants Delivery	11. BIRTHPLACE (City and state or country) Ft. Smith, Ark.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Samuel Quinn	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Jennie Quinn
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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. 487-03-4989	17. INFORMANT Address Jennie Quinn 1917 Agnes Str.
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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) Subular Tension of Heart & Coronary		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Congestion of Lungs	
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 checked="" 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 a.m. p.m. 	Month, Day, Year
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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 12-25/59 to 1-5-60 and last saw her/him alive on 1-5-60
 Death occurred at 6:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. P. Thompson (Degree or title)	22b. ADDRESS 1518 W 10th St, J.C.K.	22c. DATE SIGNED 1-8-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-11-1960	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR ADDRESS C. E. Davis 1415 Truman Rd.	25. DATE RECD. BY LOCAL REG. Jan. 8, 1960	26. REGISTRAR'S SIGNATURE Neva Minshall
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **R. Thompson**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____

or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *P. C. Davis*

Licensed Embalmer No. 4417

P. O. Address *N. C. 200*

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.