

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015583

FILED VS MAY 5 1960

149

Registration District No. 1002

Registrar's No. 2071

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in 1b <i>25 yrs</i>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>General Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>1622 Madison</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>MARY B. QUACKENBUS</i>			4. DATE OF DEATH Month Day Year <i>4 10 60</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Jun 5 1905</i>	9. AGE (last birthday) <i>54 55</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Pleasant Hill, Mo.</i>		11. BIRTHPLACE (City and state or country) <i>Pleasant Hill, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>

13a. FATHER'S NAME <i>William George</i>	13b. MOTHER'S MAIDEN NAME <i>Helen Kineman</i>	14. NAME OF HUSBAND OR WIFE <i>James Quackenbush</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <i>495-38-3972</i>	17. INFORMANT <i>James Quackenbush, Ft. Worth, Tex</i>
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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>cyst adenocarcinoma of ovary metastatic</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>primary adenocarcinoma of breast</i>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)	
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

21. I attended the deceased from *4-9-60* to *4-10-60* and last saw her *with* alive on *4-10-60*  
Death occurred at *5:50 A.M.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>H. Dwyer MD</i>	22b. ADDRESS <i>General Hosp. Kansas City, Mo.</i>	22c. DATE SIGNED <i>4-10-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>4-13-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Hill</i>	23d. LOCATION (City, town, or county) (State) <i>Pleasant Hill Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Stine + McClure, Kansas City, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>4-12-60</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF *H. Dwyer*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. S. Walton*

Licensed Embalmer No. 2744

P. O. Address K. C. MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER, in his OWN HANDWRITING. (Failure to conform 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.