

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031692

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 4685 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 13 1963

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in 1b <u>2 YRS.</u>	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) HOSPITAL OR INSTITUTION <u>5111 EAST 62 ST. NO.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5111 EAST 62 ST. NO.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Levi Quick</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>22</u> Year <u>1963</u>		
5. SEX <u>MALE</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>1-11-1864</u>	9. AGE (last birthday) <u>99</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and state or country) <u>OSAGE COUNTY, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Quick</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Perkins</u>		14. NAME OF HUSBAND OR WIFE <u>Lizie Quick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>KAN. CITY, MO.</u> <u>Ralph Quick - 5111 EAST 62 ST. NO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>pneumonia</u>			<u>48 hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<u>Bacterial infection</u>	<u>48 hr</u>
	DUE TO (c)	<u>pulmonary fibrosis</u>	<u>years</u>
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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.	Month, Day, Year _____		
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 2-19-62 to 8-21-1963 and last saw <sup>her</sup> him alive on 8-21-1963  
Death occurred at 3:00 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. J. Roderick D.O. 22b. ADDRESS 54 E 69 Highway KCMO 22c. DATE SIGNED 8-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE Aug. 24-1963 23c. NAME OF CEMETERY OR CREMATORIUM Cedar Grove Cem. 23d. LOCATION (City, town, or county) (State) Salem, Mo.

24. FUNERAL DIRECTOR D.W. Newcomers Sons - KAN. CITY, MO. ADDRESS NORTH 25. DATE RECD. BY LOCAL REG. 8-23-63 26. REGISTRAR'S SIGNATURE Beessie Smith

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 ITEM NO. \_\_\_\_\_ SHOULD READ \_\_\_\_\_  
 AMENDED \_\_\_\_\_  
 DATE AMENDED \_\_\_\_\_  
 VS 300 Rev. 4/59  
 1 6008  
 2 6078  
 3 \_\_\_\_\_  
 4 0  
 5 2  
 6 \_\_\_\_\_  
 7 0  
 8 0  
 9 9525X  
 10 \_\_\_\_\_  
 11 \_\_\_\_\_  
 12 90-2  
 13 \_\_\_\_\_

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT  
 MEDICAL CERTIFICATION  
 Roderick

DR. J. J. K... F.D.O.  
54 E 69th

1000  
87-24

**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 John W. Henrick

Licensed Embalmer No. 4848

P. O. Address K. C. 17, 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.