

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35331**  
Registrar's No. **396**

FILED OCT 28 1952

BIRTH NO. **8306** REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>	c. LENGTH OF STAY (In this place) <b>1 week</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City 3</b>	<b>3198</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>		d. STREET ADDRESS (If rural, give location) <b>5614 E. 10th St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Daniel</b> b. (Middle) <b>Eugene</b> c. (Last) <b>Squires</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 7, 1952</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>infant</b>	8. DATE OF BIRTH <b>Feb. 8, 1952</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR <b>0</b> Months <b>7</b> Days <b>29</b> Hours <b>0</b> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Independence, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Carl E. Squires</b>		13b. MOTHER'S MAIDEN NAME <b>Martha A. McQuerry</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Carl E. Squires, Kansas City, Mo.</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atelectasis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Broncho pneumonia</b> <b>fluently virus</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs -</b>  <b>1 week.</b>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION  <b>492X</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Sept 28, 1952**, to **Oct 7, 1952**, that I last saw the deceased alive on **Oct 7, 1952**, and that death occurred at **11:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Chas. E. Nelson Jr. M.D.</b>		(Degree or title)	23b. ADDRESS <b>Independence Mo</b>		23c. DATE SIGNED <b>Oct 8, 1952</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/9/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>Oct 9-52</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>		354	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo. C. Carson Independence, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 .....  
Student Embalmer

Signed Richard R. Francis

Licensed Embalmer No. 4863

P. O. Address Indy, 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 this body is not embalmed, fact should be so stated above.