

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18229**
2319

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Teneya</u>	
c. LENGTH OF STAY (in this place) <u>7 mo</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1248 Elm</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mellie</u>	b. (Middle) <u>Mabel</u>	c. (Last) <u>Quick</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 5 1888</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Stanley Okla</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W. H. Martin</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Baldwin</u>	14. NAME OF HUSBAND OR WIFE <u>Neil D. Quick</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Neil D. Quick</u>	ADDRESS <u>Teneya Kansas</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism (Post-operative)</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital hemangioma of the liver.</u>		<u>120</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>4/15/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Examination & reporting</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 4/1/53, 1953, to 5/3/53, 1953, that I last saw the deceased alive on 5/3/53, 1953, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C.G. Leitch</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>1010 P. Myrtle KCMO</u>	23c. DATE SIGNED <u>5/4/53</u>
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24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Buried</u>	24b. DATE <u>May 5 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blainstown</u>	24d. LOCATION (City, town, or county) (State) <u>Blainstown Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-4-53</u>	REGISTRAR'S SIGNATURE <u>Deraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur N. Hoag</u>	ADDRESS <u>Overland Park</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

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 *J. Royce Hoge*

Licensed Embalmer No. *3579*

P. O. Address *Overland Park, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.