

FILED AUG 11 1955

STANDARD CERTIFICATE OF DEATH

State File No.

22331

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3018					
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) By 4 mos		c. CITY OR TOWN St. Joseph		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1318 E. Armour Nursing Home				e. STREET ADDRESS (If rural, give location) 421 W 22nd St.							
3. NAME OF DECEASED (Type or Print) Mary			a. (First)		b. (Middle)		c. (Last) Quinn				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan 15 1870		9. AGE (In years last birthday) 85			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Weston Missouri		12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Jhco WeLbers			13b. MOTHER'S MAIDEN NAME Elizabeth Sebers			14. NAME OF HUSBAND OR WIFE					
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. none		17. INFORMANT'S SIGNATURE OR NAME Raymond Quinn			ADDRESS 3215 Summit				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalomalacia				INTERVAL BETWEEN ONSET AND DEATH			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Spastic Paraplegia "Little Disease" DUE TO (c) Chronic Arteriosclerosis + years of hypertension in past.				332			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. These cerebral thromboses attacks previous to 2 yrs ago. Tic Doloraux severe for years							
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION none - no operation since alcohol injections						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) for Tic Doloraux yrs ago.							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT HOME <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? none							
22. I hereby certify that I attended the deceased from Feb 21, 1953, to July 15, 1955, that I last saw the deceased alive on July 10, 1955 and that death occurred at 7A m., from the causes and on the date stated above.											
23a. SIGNATURE J. Harvey Jennett, M.D. (Degree or title) J. Harvey Jennett, M.D.					23b. ADDRESS 424 Professional Bldg Kansas City, Mo			23c. DATE SIGNED 7-15-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 15-55		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.					
DATE REC'D BY LOCAL REG. 7-15-55		REGISTRAR'S SIGNATURE Neva Marshall			25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman, General Home St. Joseph, Mo.						

(Licensed Embalmer's Statement on Reverse Side)

By Sidmon's

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-300
10-48

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.....
Signature of Student Embalmer

Signed *John R. Dade*.....
Licensed Embalmer No. *45*.....
P. O. Address *Kansas*.....

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.