

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

620

FILED MAR 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MISSION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. HOSPITAL			d. STREET ADDRESS 6105 W. 54th St		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROBERT Middle Edward Last QUALHEIM			4. DATE OF DEATH Month 2nd Day 7th Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-23-27	9. AGE (In years last birthday) 29yrs IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician-Pathology		10b. KIND OF BUSINESS OR INDUSTRY Medicine		11. BIRTHPLACE (City and state or country) Crawford, Iowa	
13. FATHER'S NAME Henry E. Qualheim			14. MOTHER'S MAIDEN NAME Emma L. Skiem		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give unit or dates of service) Yes July 1954 to July 1956		16. SOCIAL SECURITY NO. None		17. INFORMANT Phillip J. Qualheim, (Wife) Jo. Co. Kans. V.A. Hospital, Kansas City, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bullet wound of chest					INTERVAL BETWEEN ONSET AND DEATH unk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					E 996A
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Apparently suicide			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. 2-7-57					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) VA		20f. CITY, TOWN, OR LOCATION COUNTY 123 STATE Kans City, Jackson MO	
21. Attended the deceased from February 7, 1957 to February 7, 1957 Death occurred at 3:05 p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Hugh H. Owen (Degree or title) 3			22b. ADDRESS 1034 Quatto Bldg		22c. DATE SIGNED 2-8-57
23a. BURIAL (CREMATION, REMOVAL) (Specify) Cremation		23b. DATE Feb. 18, 1957		23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory	
24. FUNERAL DIRECTOR Gates Funeral Home. K. C. Kans.			25. DATE RECD. BY LOCAL REG. 2-8-57		26. REGISTRAR'S SIGNATURE neva minshall

(Licensed Embalmer's Statement on Reverse Side)

health, welfare, public service
 300-1-56
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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..

Body not embalmed

Student
Signature of Student Embalmer

Signed *Murray Wilson*

Licensed Embalmer No. *44*

P. O. Address *Shuonee*

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