

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005381

STATE FILE NUMBER 505

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

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Kansas City Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Hospital Length of stay in 1b 70 yrs.  
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution)  
a. STATE Missouri b. COUNTY Jackson  
c. CITY OR TOWN Kansas City Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 4127 Charlotte Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First IDA Middle MARIA Last ALQUEST  
4. DATE OF DEATH Month Jan. Day 25 Year 1959

5. SEX Female 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED   
8. DATE OF BIRTH Dec. 9, 1873 9. AGE (In years last birthday) 85 F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and state or country) Linn County, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Gustof A. Backstrom 13b. MOTHER'S MAIDEN NAME Christina Anderson 14. NAME OF HUSBAND OR WIFE Joseph W. Alquest

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 Miss Irene Alquest, Address K.C., Mo. 4127 Charlotte,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Intestinal obstruction  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Rectum  
DUE TO (c)  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastatic Carcinoma of Lung  
INTERVAL BETWEEN ONSET AND DEATH 1 week  
1 year

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT SUICIDE HOMICIDE     
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK   
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 1956 to Jan 25, 1957 and last saw her alive on Jan 25, 1957  
Death occurred at 10:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jack W. Wolf M.D.  
22b. ADDRESS 409 E. 63 Kansas City, Mo.  
22c. DATE SIGNED 1/26/59

23a. BURIAL CREMATION, REMOVAL (Specify) Burial 23b. DATE Jan. 2, 1959 23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS FREEMAN MORTUARY, Kansas City, Mo. 25. DATE RECD. BY LOCAL REG. 1-27-59 26. REGISTRAR'S SIGNATURE Neva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Jack W. Wolf

All diseases in Part I must be causally related.

300  
1-57

*H. Frank Ward*

*409 E. Cass*

*Dec. 1-1924*

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 *Clayton H. Barnes*

Licensed Embalmer No. *4793*  
P. O. Address *F. O. 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.