

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-015584

FILED VS MAY 9 1960

147 Primary Registration District No. 1002 Registrar's No. 2279

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in 1b <i>2 yrs</i>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Gen Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>818 Paseo</i>
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>BARBARA ANN QUINLEY</i>			4. DATE OF DEATH Month Day Year <i>4 22 60</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6-25-1959</i>	9. AGE (last birthday) <i>2</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>K. C. Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>U. S.</i>	

13a. FATHER'S NAME <i>Curtis Quinley</i>		13b. MOTHER'S MAIDEN NAME <i>Helen Collis</i>		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)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Curtis Quinley same</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Crushed Head</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>In car fell out Bedlar</i>	
20c. TIME OF INJURY Hour a.m. p.m. <i>4:22 p.m.</i> Month, Day, Year <i>4 22 60</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <i>lashed over child</i>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <i>Darling St</i>		20f. CITY, TOWN, OR LOCATION <i>Kansas City</i>	COUNTY <i>Jackson</i> STATE <i>MO</i>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <i>Heather Quinn Carr</i>		22b. ADDRESS <i>1034 Piatt Blvd</i>		22c. DATE SIGNED <i>4-22-60</i>
23a. BURIAL CREAMATION REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>4-23-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MT CALVARY CEM</i>		23d. LOCATION (City, town, or county) (State) <i>K.C. KANS</i>
24. FUNERAL DIRECTOR <i>Sebbets</i> ADDRESS <i>K.C. Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>4-23-60</i>	26. REGISTRAR'S SIGNATURE <i>neva munshell</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Heather H. Owens

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Forrest D. Goldsboro

Licensed Embalmer No. 4714

P. O. Address KC M

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.