

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025427

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3223 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY WYANDOTTE JACKSON
 b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY Length of stay in 1b 3 hrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOWNTOWN HOSP. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE KANSAS b. COUNTY WYANDOTTE
 c. CITY OR TOWN KANSAS CITY Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1820 SHAWNEE DR Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
LESLIE Harry Quick
 4. DATE OF DEATH Month Day Year
June 26 - 61
 5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 5-20-1913 9. AGE (last birthday) 48 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) LENDEN WOOD, ILL. U.S. 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME HARRY L. QUICK 13b. MOTHER'S MAIDEN NAME Mrs. Ruth 14. NAME OF HUSBAND OR WIFE MARIE QUICK
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None 17. INFORMANT Mrs. MARY E. QUICK Address 1820 Shawnee Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Subarachnoid Hemorrhage
 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. Yes No Unknown

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 WORK 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 _____, to _____ and last saw her/him alive on _____.
 Death occurred at 7:50 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Irvin H. Owens 22b. ADDRESS 153 Union Station 22c. DATE SIGNED 6-27-61
 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE June 27 1961 23c. NAME OF CEMETERY OR CREMATORY Overland Park Kansas 23d. LOCATION (City, town, or county) (State)
 24. FUNERAL DIRECTOR Hope Funeral Home ADDRESS Overland Park Kc 25. DATE RECD. BY LOCAL REG. 6-28-61 26. REGISTRAR'S SIGNATURE Ruth Bong

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF Irvin H. Owens MEDICAL CERTIFICATION

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 J. Royce Herzog

Licensed Embalmer No. 3579

P. O. Address Overland Park

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.