

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005789

STATE FILE NUMBER

859

FILED MAR 10 1958

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

300
1-57

Health,
Welfare
Public
Service

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

C. M. Cernech

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mo Kans. City Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence 7 th St
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North East Hosp.		Length of stay in 1b I wk.	d. STREET ADDRESS (If outside, give location) 5016 Norfleet Ind. Mo
3. NAME OF DECEASED (Type or print) First Middle Last Margie Bell Qualls.			4. DATE OF DEATH Month Day Year 2 - 17 - 58
5. SEX female	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 1-24-1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 56
11. BIRTHPLACE (City and state or country) Sergeant Mo - Texas Co.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Brewer		13b. MOTHER'S MAIDEN NAME Louisa White	14. NAME OF HUSBAND OR WIFE Earstel Qualls.
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. 488-32-5115	17. INFORMANT Charles E. Hughes - 12505 E. 54 th St. Ray # 23 John 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) Cerebral Apoplexy DUE TO (b) Hypertension DUE TO (c) Arteriosclerotic heart disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 334
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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 <input 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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from March '57 to Feb 17, 1958 and last saw her alive on 2-16-58 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) C. M. Cernech DO 2		22b. ADDRESS 11333 223rd Ind. Mo	
22c. DATE SIGNED		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 2-17-58		23c. NAME OF CEMETERY OR CREMATORY Maple	
23d. LOCATION (City, town or county) Morgan Mo.		(State)	
24. FUNERAL DIRECTOR R. W. Newcome's Sons		ADDRESS KC, Mo	
25. DATE RECD. BY LOCAL REG. 2-17-58		26. REGISTRAR'S SIGNATURE vera Minshall	

2
1

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

Licensed Embalmer No.....

P. O. Address.....

**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.**