

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26458

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5372 Registrar's No. 37

0320

1. PLACE OF DEATH  
a. COUNTY Daviess, Kentucky

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY CLINTON

c. CITY OR TOWN CAMERON (If outside corporate limits, write RURAL and give township) 025

d. STREET ADDRESS (If rural, give location) 517 W. 8th St.

3. NAME OF DECEASED  
a. (First) GERTRUDE b. (Middle) QUISENBERRY c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year) JUNE 22 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH JULY 18 1866 9. AGE (Years last birthday) (Months) (Days) (Hours) (Min.) 83

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (State or foreign country) Kentucky 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME George Quisenberry 13b. MOTHER'S MAIDEN NAME LOTTEE LEONARD 14. NAME OF HUSBAND OR WIFE H. E. QUISENBERRY

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. NO 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MARGUERITE DICE CAMERON MO

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cardiac decompensation (b) Anterior-splanchnic hypertension (c) \_\_\_\_\_  
DUE TO (b) 10 yrs

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. rheumatoid arthritis

INTERVAL BETWEEN ONSET AND DEATH 1 month

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

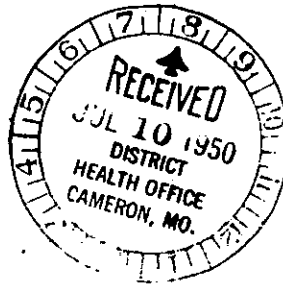
22. I hereby certify that I attended the deceased from 6-20 1949 to 6-22 1950 that I last saw the deceased alive on 6-20 1950, and that death occurred at 3 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. P. Miller, MD 23b. ADDRESS Cameron MO 23c. DATE SIGNED 6-24-50

24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL 24b. DATE 6-24-50 24c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery 24d. LOCATION (City, town, or county) (State) CAMERON MO

DATE REC'D BY LOCAL REG. 6-25-50 REGISTRAR'S SIGNATURE [Signature] 82 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DEMOSSE CRUNK CAMERON MO

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 .....  
Student Embalmer

Signed *Laurence J. Thompson*

Licensed Embalmer No. *4725*

P. O. Address *Cameron, 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 this body is not embalmed, fact should be so stated above.