N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D NOV 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35465
Do not use this space.

1. PLACE OF DEATH
(a) County Clinton — Registration District No. 210
(b) Township Platte — Primary Registration District No. 5290 — Registered No. 14
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 230 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Loren Louis McQuate
(a) Residence, No. Clinton Co. Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF x

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1915.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
22	10	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Mo. C

FATHER
13. NAME Owen E. McQuate
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Mo. O

MOTHER
15. MAIDEN NAME Vena Bennett. B
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Mo.

17. INFORMANT (ADDRESS) Owen McQuate Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Osborn DATE Oct. 22, 1938

19. FUNERAL DIRECTOR (NAME) J. W. Poland (ADDRESS) Cameron

20. FILED Oct 25 1938 John Kay Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 38, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Oct 20, 1938
I last saw him alive on Oct 19, 1938. Death is said to have occurred on the date stated above, at 6:40 A.M.
The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset
11/20

Other contributory causes of importance: Mitral Stenosis of the Hrt. (Chronic)

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) M. S. Gale, M. D.
190 (Address) Osborn Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, Arthur H. Doolen, or by

Registered Apprentice No. 4032, working under my personal supervision.

Signed Arthur H. Doolen

Licensed Embalmer No. 4032

P. O. Address Cameron, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.