

S. No. 2
FORM-5-43
Rev. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6695**

FILED MAR 15 1945

Registration District No. **607**

Primary Registration District No. **3046**

Registrar's No. **230**

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

1. PLACE OF DEATH:

(a) County **Moniteau**

(b) City or town **California**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Latham Sanitarium

(d) Length of stay: In hospital or institution **14 days**
(Specify, whether in this community **53 Years** years, months or days)

3. (a) PRINT FULL NAME **LolaVa Quigley**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** **5. Color or race** **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **W.F. Quigley**

6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **March 12th. 1874**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	10	16	hr. min.

9. Birthplace **Darlington Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

MOTHER FATHER

12. Name **James Hammond**

13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Hannah Garman**

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank J. Quigley**

(b) Address **Tipton, Missouri**

17. (a) (b) Date thereof **2-8-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tipton Masonic Cem.**

18. (a) Signature of funeral director **Janice E. Richards**

(b) Address **Tipton, Mo**

19. (a) 1-10-45 (b) U. J. Appel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**

(c) City or town **Tipton**
(If outside city or town limits, write "RURAL")

(d) Street No. **1**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: **-----**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **8**
year **1945** hour **2** minute **10** P.M.

21. I hereby certify that I attended the deceased from **January 27, 1945** to **February 8, 1945**
that I last saw her alive on **February 8, 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Chronic Myocarditis	8 yrs
Due to Chronic Nephritis	8 yrs
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings:
Of operations **1318**

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(c) Means of injury

23. Signature **Kenneth Latham M.D.** (M. D. or other)

Address **California, Mo.** Date signed **2-8-45**

1312

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed 3-14-45

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

James E. Richards

Licensed Embalmer No. 2466

P. O. Address Lepton

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.