

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 20 1947

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: Barry County Hosnital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME James D. Quick

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th
year 1947 hour 10:30 minute A. M.

4. Sex male 0 5. Color or race white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: September 23 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 15
1947, to August 13 1947
that I last saw h. im alive on August 13 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>10</u>	<u>20</u>	hr. _____ min. <u>0</u>

Immediate cause of death: Cardiac decompensation (chronic heart failure) 3 mons.

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation retired farmer

11. Industry or business _____

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Thomas Quick

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Quick

(b) Address Cassville, Missouri

17. (a) Burial (b) Date thereof 8-16-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miller, Missouri

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) Sept 20-1947 (b) Grace Williams
(Date received local registrar) (Registrar's signature) 10

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) (e) Means of injury 0

23. Signature Rebecca A. ... (M. D. or other) M. D.

Address Cassville, Missouri Date signed _____

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

5
0

RECEIVED

District Health Officer No. 6,

District File Number 1047-1058

Date Filed OCT 20 1947

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.....

Ruby Elkins

Registered Apprentice No. 494

working under my personal supervision.

Signed J. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.