S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 1 1948
Registration District No. 141

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5551

State File No. 16178
Registrar's No. 4

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: .7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Howell 46
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Billie Joe Qualls
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex MO
5. Color or race Wht
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 4 (Day) 1941 (Year)

8. AGE: Years 6 Months 7 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Borger (City, town, or county) Texas (State or foreign country)
10. Usual occupation .....
11. Industry or business .....

FATHER
12. Name Cecil Qualls
13. Birthplace Mills Co. (City, town, or county) Texas (State or foreign country) 1

MOTHER
14. Maiden name Luellen Gunter
15. Birthplace Ozark Co. (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mrs Cecil Qualls
(b) Address West Plains, Mo.
17. (a) B (Burial, cremation, or removal) (b) Date thereof 2-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn
18. (a) Signature of funeral director Robertson's
(b) Address West Plains Mo.
19. (a) May 11-1948 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 279

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 19 year 1948 hour 11 minute 15 a M.

21. I hereby certify that I attended the deceased from 2/9, 1948 to 2/19, 1948 that I last saw him alive on 2/19, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Injury
Due to Collision with Automobile
Due to .....
Other conditions Compound Fac
(Include pregnancy within 3 months of death)
Major findings of operations Thigh leg — 1000
Of autopsy 21

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Hit by automobile
(b) Date of occurrence 2/9/48 76
(c) Where did injury occur? Howell County Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Highway #80 (Specify type of place)
While at work? No (e) Means of injury Automobile

23. Signature R E Hogan M.D. 0
Address West Plains, Mo. Date signed .....

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. L. E. Hogan

RECEIVED
District Health Officer No. 5,
District File Number 548353
5-17-48

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 Robert L. Wragg, Registered Apprentice No. ....., working under my personal supervision.

Signed D. D. Robertson

Licensed Embalmer No. 3432

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 this body is not embalmed, fact should be so stated above.