

No. 300
10. 48

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 2810 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Montgomery Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri.</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rhineland, Mo. Rural</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>XX</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rhineland, Mo. Rural</u>	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Fuller</u> c. (Last) <u>Quick.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3rd 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 17th 1887</u>	9. AGE (In years last birthday) <u>61</u>	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours	13. IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Rhineland, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>Stephen Quick.</u>	13b. MOTHER'S MAIDEN NAME <u>Isabel Clark.</u>	14. NAME OF HUSBAND OR WIFE <u>Cordie Quick.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Thomas W. Quick</u>	ADDRESS <u>Rhineland, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY OEDEMA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>14 wks.</u> <u>P</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Colonay Occlusion</u>		
	DUE TO (c) <u>Arterio-sclerotic nephritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from Oct 24, 1948, to Feb 3, 1949, that I last saw the deceased alive on Jan 22, 1949, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James O. Helin M.D.</u> (Degree or title)	23b. ADDRESS <u>New Florence Mo.</u>	23c. DATE SIGNED <u>2-4-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Feb 5th 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City</u>	24d. LOCATION (City, town, or county) (State) <u>Montgomery City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 4 - 1949</u>	REGISTRAR'S SIGNATURE: <u>Mrs. Nan Lee Thompson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Redmond C. American</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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22

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 14 1949

VS OCT 7 1959

MAR 11 1949

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 _____

D. B. Baker,

Student Embalmer No. _____

working under my personal supervision.

Signed D. B. Baker

Signed.....
Student Embalmer

Licensed Embalmer No. 3375

P. O. Address Americus, 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.