

FILED FEB 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3688

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Rite 8.2</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Marshall MO</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs 10 mo 3 d</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo State School</u>		e. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dixie C.</u> b. (Middle) _____ c. (Last) <u>McQueen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 14 1949</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 13 1939</u>	9. AGE (In years last birthday) <u>10 yrs</u>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 2 MRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Louisiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Raymond McQueen</u>	13b. MOTHER'S MAIDEN NAME <u>Alta Hooglin</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Records Mo. State School</u>	ADDRESS <u>Marshall 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Dec. 20 - 48 = Jan. 14 - 49</u>
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	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>49</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Dec 20, 1948, to Jan 14, 1949, that I last saw the deceased alive on Jan 14, 1949, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Rosemary M D</u> (Degree or title) _____	23b. ADDRESS <u>Marshall Mo</u>	23c. DATE SIGNED <u>1/14/49</u>
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24a. BURIAL, CREMATION, REMOVAL _____	24b. DATE <u>Jan 15 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Louisiana Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Louisiana Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 15 1949</u>	REGISTRAR'S SIGNATURE <u>Sidney J Gray</u> 385	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold S. Sturman</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-10-49

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. Leche Surrency

Licensed Embalmer No. 32350

P. O. Address Marshall

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.