

FILED MAY 11, 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12945

State File No. _____

Registration District No. 169- Primary Registration District No. 5618Registrar's No. 21

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Baring
 (If outside city or town limits, write "RURAL" and name of township)
 (c) ~~Name of hospital or institution~~
Rural Greenburg Township
 (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 _____

3. (a) PRINT FULL NAME

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

4. Sex M 5. Color or race W.
 6. (b) Name of husband or wife single (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 4 13 1878
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
 hr. _____ min. _____

9. Birthplace Baring Mo. Frank Co.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Patrick Quigley

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

14. Maiden name Journa White

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

16. (a) Informant Thomas Leary

(b) Address Baring

17. (a) Burial (b) Date thereof 4/27/49
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelley Grove

18. (a) Signature of funeral director Edna M. P.

(b) Address Edna M. P.

19. (a) April 26-49 (b) Neil S. Nunn
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin
 (c) City or town Baring
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural Greenburg Township
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
 year 1949 hour 3 pm minute _____ M.

21. I hereby certify that I attended the deceased from
April 25 1949 to April 25 1949
 that I last saw him alive on March 1st 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death was found
dead. Think possibly
Heart Failure

Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

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 J. E. Luman (M. D. or other) _____

Address Edna M. P. Date signed 4-26-49

Duration

short

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 1

Case No. 5-49-72

MAY 10 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

....., Registered Apprentice No.
working under my personal supervision.

Signed Richard B. Kelly

Licensed Embalmer No. 4490

P. O. Address Edina, 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.