

**STANDARD CERTIFICATE OF DEATH**

State File No. **32803**

No. 300  
10.48

FILED SEP 26 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **155**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY OR TOWN <b>Nevada</b>		c. CITY OR TOWN <b>Nevada</b>	
c. LENGTH OF STAY (in this place) <b>50 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>516 N. Cedar</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>(Home) 516 N. Cedar</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Henry</b>	b. (Middle) <b>William</b>	c. (Last) <b>QUIRK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9 10 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>10-6-1871</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>2</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>R.R. Conductor (ret.)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Rail Road</b>	11. BIRTHPLACE (State or foreign country) <b>Ireland</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Michael Quirk</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen O'Leary</b>	14. NAME OF HUSBAND OR WIFE <b>Catherine M. Quirk</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Catherine Quirk (wid.)</b>	ADDRESS <b></b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Several months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Don't know</b>		
	DUE TO (c) <b>Cerebral Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Myocarditis</b>			<b>3 31X</b>

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>-</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>-</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>-</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>-</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>-</b>
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22. I hereby certify that I attended the deceased from **Apr 23, 1949**, to **Sept 10, 1949**, that I last saw the deceased alive on **Sept 10, 1949**, and that death occurred at **11 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. B. Love, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Nevada, Mo.</b>	23c. DATE SIGNED <b>Sept 17/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/13/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Nevada, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Sept. 21, 49</b>	REGISTRAR'S SIGNATURE <b>Wathupe D. Yancy</b>	3310	25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen J. King</b>	ADDRESS <b>Nevada, Mo.</b>
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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. 7

District File Number 8-49-114

Date Filed 9-24-49

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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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Nevada, 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.