

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34104

State File No.

BIRTH NO. 65464-49 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 328 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <u>JASPER</u> <u>Barbara Alice Qurollo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>	c. LENGTH OF STAY (If this place) <u>10 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Mc Cune-Brooks Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>922 E. Chestnut</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Barbara Alice</u>	b. (Middle)	c. (Last) <u>Qurollo</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 22, 1949</u>
--	------------------------------------	-------------	-----------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Oct. 12, 1949</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. <u>10</u>
-------------------------	----------------------------------	---	--	---

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>Carthage, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	--	--	---

13a. FATHER'S NAME <u>James Qurollo</u>	13b. MOTHER'S MAIDEN NAME <u>Marcella Gillum</u>	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Qurollo, 922 E. Chestnut.</u>	ADDRESS
---	--	---	---------

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>Pneumonia, labor</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Oct 12, 1949, to Oct 22, 1949, that I last saw the deceased alive on 10-22, 1949, and that death occurred at 5:15 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>34 Chest Carthage, Mo.</u>	23c. DATE SIGNED <u>10-24-49</u>
--------------------------------------	----------------------------------	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>
--	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Oct 24-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>ULMER FUNERAL HOME, CARTHAGE, MO.</u>
--	---	--	---

Per. n. Ferguson (Licensed Embalmer's Statement on Reverse Side)

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

49
3

RECEIVED: 10-31-49
Sevier County Health Office

County File Number 49-10-812

Date Filed 11-8-49

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 _____

Licensed Embalmer No. _____

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.