

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40021**

FILED DEC 2 1949

BIRTH NO. _____ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **6241** Registrar's No. **50**

1. PLACE OF DEATH
 a. COUNTY **Washington**
 b. CITY OR TOWN **Rural** (If outside corporate limits, write RURAL and give townships) **Bretton** (In this place) **74 yrs.**
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF (If not in hospital or institution, give street address or location) **Near Peteri**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Washington** b. COUNTY _____
 c. CITY OR TOWN **Rural - Bretton**
 d. STREET ADDRESS (If rural, give location) **Near Peteri**

3. NAME OF DECEASED a. (First) **Albert** b. (Middle) **Harrison** c. (Last) **Queen**
4. DATE OF DEATH (Month) (Day) (Year) **Nov. 21, 1949**

5. SEX **male** **6. COLOR OR RACE** **white** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married** **8. DATE OF BIRTH** **Aug 27-1875** **9. AGE (In years last birthday)** **74** **IF UNDER 1 YEAR** Months **2** Days **24** **IF UNDER 24 HRS.** Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborn** **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (State or foreign country) **Washington Co-Mo** **12. CITIZEN OF WHAT COUNTRY** **U.S.A.**

13a. FATHER'S NAME **Rubson Queen** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Nora Queen**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** **Huston Queen** **ADDRESS** **Peteri Mo.**

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) **Coronary decompensation**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Hypertensive Cardiovascular disease**
 DUE TO (c) **Chronic Glomerulonephritis**
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. **443x**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Nov 20, 1949, to Nov 21, 1949, that I last saw the deceased alive on Nov 20, 1949, and that death occurred at 6:14 P.M., from the causes and on the date stated above.

23a. SIGNATURE **Edward W. Lake, Jr.** (Degree or title) **Dr.** **23b. ADDRESS** **Peteri, Mo.** **23c. DATE SIGNED** **11-25-49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **11-24-49** **24c. NAME OF CEMETERY OR CREMATORIAL** **Peteri Masonic** **24d. LOCATION (City, town, or county) (State)** **Peteri Mo.**

DATE REC'D BY LOCAL REG. **11/25/49** **REGISTRAR'S SIGNATURE** **Helmut Endall** **403** **25. FUNERAL DIRECTOR'S SIGNATURE** **Mr. Luther Sparks** **ADDRESS** **Peteri Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-29-49

Health Officer No. 4

Number 1149-155

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 Murphy Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River 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.