

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16182

State File No.

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>	c. LENGTH OF STAY (in this place) township) <u>7 Months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u> ²⁴	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brown Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>Crescent Lake Community</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAMIE</u> b. (Middle) <u>PRICE</u> c. (Last) <u>QUISENBERRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 13, 1872</u>
9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR (Months) <u>4</u> (Days) <u>10</u>	11. UNDER 24 HRS. (Hours) <u>0</u> (Min.) <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Isaac Mc Carty</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Price</u>	14. NAME OF HUSBAND OR WIFE <u>George Lee Quisenberry</u>
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 ADDRESS <u>Mrs Ruth Brown Liberty, Mo.</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septic Stasis Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>2 yrs</u> <u>Year</u> <u>4570</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Dementia</u>		
	DUE TO (c) <u>Arterio Sclerosis</u>		
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) <u>no</u>	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 <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 12/2, 1949, to 5/23, 1950, that I last saw the deceased alive on 5/23, 1950, and that death occurred at 145 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. A. Osborn M.D.</u>	23b. ADDRESS <u>Excelsior Springs Mo</u>	23c. DATE SIGNED <u>5/24/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/26/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>5/26/50</u>	REGISTRAR'S SIGNATURE <u>Karoline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Crickard</u>	ADDRESS <u>Excelsior Springs, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 27 1950
District Health Officer No. 8,

District File Number _____

Date Filed 6/2/50

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 Indee K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.