

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26458

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 94 PRIMARY REG. DIST. NO. 5372 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Daviess Dekalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL "ADAMS"</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>517 W. 8th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>GERTRUDE</u> b. (Middle) <u>QUISENBERRY</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 22 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 18 1866</u>
9. AGE (Years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Leech Kentucky</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>George Quisenberry</u>		13b. MOTHER'S MAIDEN NAME <u>LOTTEE LEONARD</u>	14. NAME OF HUSBAND OR WIFE <u>H. E. 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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MARGUERITE DICE CAMERON 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis hypertensive</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>rheumatoid arthritis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE		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"/>	
21d. TIME OF INJURY		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6-2</u> 19 <u>49</u> to <u>6-22</u> , 19 <u>50</u> that I last saw the deceased alive on <u>6-20</u> , 19 <u>50</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. P. Miller, MD</u>		23b. ADDRESS <u>Cameron MO</u>	
23a. SIGNATURE		23c. DATE SIGNED <u>6-24-50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-24-50</u>	
24a. BURIAL, CREMATION REMOVAL		24c. NAME OF CEMETERY OR CREMATORY <u>Spaceland Cemetery</u>	
24a. BURIAL, CREMATION REMOVAL		24d. LOCATION (City, town, or county) (State) <u>CAMERON MO</u>	
DATE REC'D BY LOCAL REG. <u>6-25-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 82	
DATE REC'D BY LOCAL REG.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DEMOSSE CRUNK CAMERON MO</u>	

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



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 *Laurence J. Thompson*

Licensed Embalmer No. *4725*

P. O. Address *Cameron, 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.