

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4229  
Registrar's No. 50

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDON</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>531 E. FIFTH</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chas. Still Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELNA</u> b. (Middle) <u>INEZ</u> c. (Last) <u>McQUEEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 17 1951</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>Jan 23 1882</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>NORTON, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>SIMON DOBBS</u>		13b. MOTHER'S MAIDEN NAME <u>ALMYRA VINCENT</u>		14. NAME OF HUSBAND OR WIFE <u>SAMUEL McQUEEN</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Conrad Hookaday</u> ADDRESS <u>185 Linden St. Jefferson City</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		DUE TO (b) <u>Hypertensive Heart disease</u>				<u>3 MO</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Cerebral Hemorrhage</u>				<u>2 dys</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>44: X</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) m.		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 Feb 8, 1951, to Feb 17, 1951, that I last saw the deceased alive on Feb 17, 1951, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Bruce P. Kake</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>312-16 Central Trust Bldg. Jefferson City</u>		23c. DATE SIGNED <u>Feb 17, 51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb 19, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PILOT KNOB</u>		24d. LOCATION (City, town, or county) (State) <u>SUMMERFIELD, MO</u>	
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DATE REC'D BY LOCAL REG. <u>Feb 24-1951</u>		REGISTRAR'S SIGNATURE <u>A.P. Norris MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. D. Phillips</u> ADDRESS <u>Colman</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

264  
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RECEIVED 2-26-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 2-26-51

457

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 Louis H. Phillips  
Licensed Embalmer No. 3663

P. O. Address Ward

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.