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

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7304**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEVADA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jorlin, Mo.	
c. LENGTH OF STAY (In this place) 3 Days		d. STREET ADDRESS 815 1/2 Penn. Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hospital		3. NAME OF DECEASED a. (First) James b. (Middle) Edgar c. (Last) Queen	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 2 1951		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 13th, 1885	
9. AGE (In years last birthday) 67		10. KIND OF BUSINESS OR INDUSTRY Retired Switchman	
11. BIRTHPLACE (State or foreign country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Nicholas Polk Queen		13b. MOTHER'S MAIDEN NAME May Bradshaw	
14. NAME OF HUSBAND OR WIFE Lena M. Queen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. XXX-702-18-50001		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lena May Harnold ADDRESS Nevada, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Acute Infective Endocarditis factitious Bronchial Pneumonia *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) Old Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 days 2 4 1/2 hrs 3 yrs	
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., 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) (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 June 6 1947 , to Feb. 1 1951 , that I last saw the deceased alive on Feb. 1 1951 , and that death occurred at 5:32 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Robert B. Hays, M.D.		23b. ADDRESS Moore Building, Nevada, Mo.	
23c. DATE SIGNED 2/5/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb. 4th, 1951		24c. NAME OF CEMETERY OR CREMATORY Deenwood	
24d. LOCATION (City, town, or county) (State) Nevada, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Allen V. Hays ADDRESS Nevada, Mo.	
DATE REC'D BY LOCAL REG. 2-12-51		REGISTRAR'S SIGNATURE Anna E. Ferry	

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 19 1951

Dist. File 251-397

Date Filed 2-19-51

JUN 22 1951

MAR 7 1951

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 H. H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Wivada, 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.