

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12016

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville		c. CITY (If outside corporate limits, write RURAL and give township) Boonville Rural 0270	
c. LENGTH OF STAY (In this place) 2 Days		d. STREET ADDRESS (If rural, give location) R. F. D. #3	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Alex VanRavenswaay Hospital.			

3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Kathryn		c. (Last) Quint		4. DATE OF DEATH (Month) (Day) (Year) May 1 1951	
5. SEX Female 3		6. COLOR OR RACE Black		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH April 25 th 1951	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cooper County, Missouri	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jake Quint		13b. MOTHER'S MAIDEN NAME Anna May Jackson	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		13c. NAME OF HUSBAND OR WIFE		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Anna May Jackson, Boonville, Mo. R.3		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Polycystic Kidneys		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b)	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Died in uremia.					

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		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) 7571	
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 April 30, 1951, to May 1, 1951, that I last saw the deceased alive on May 1, 1951, and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alex VanRavenswaay M.D.		23b. ADDRESS Boonville, Mo.		23c. DATE SIGNED 5-2-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 2 nd 1951		24c. NAME OF CEMETERY OR CREMATORY A.M.E. (Near Lebanon)		24d. LOCATION (City, town, or county) (State) Cooper County, Missouri.	
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DATE REC'D BY LOCAL REG. 5-2-51		REGISTRAR'S SIGNATURE D. Hooper 381		25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Missouri.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

1277
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RECEIVED 5-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-8-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed G. F. Roller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.