

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17061**
Registrar's No. **86**

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		State File No. 17061		Registrar's No. 86				
1. PLACE OF DEATH a. COUNTY Jasper				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 Webb City			c. LENGTH OF STAY (In this place) 23yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City			1492				
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital				d. STREET ADDRESS (If rural, give location) 308 N. Hall								
3. NAME OF DECEASED (Type or Print) WILLIAM			a. (First)		b. (Middle)		c. (Last) QUEENER		4. DATE OF DEATH (Month) (Day) (Year) May 14, 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH February 12, 1865		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 3 Days 2	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Laborer			11. BIRTHPLACE (State or foreign country) Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William Queener			13b. MOTHER'S MAIDEN NAME Nancy Smith			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 ADDRESS Mrs. Edith Moore Joplin, Missouri							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 30 days			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										
		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 331X									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 <u>5-11</u> , 19 <u>51</u> , to <u>5-14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-14</u> , 19 <u>51</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.												
23a. SIGNATURE W. Gregory				(Degree or title) Dr.				23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 5/16/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 16, 1951		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Cem.			24d. LOCATION (City, town, or county) (State) Joplin, Missouri					
DATE REC'D BY LOCAL REG. May 16-51		REGISTRAR'S SIGNATURE H. L. Anderson			187		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge Lewis Webb City, Missouri					

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

1492

RECEIVED 5-22-51

Jasper County Health Office

County File Number 51/5/420

Date Filed 5-22-51

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

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 14405

P. O. Address Webb City, 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.