

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21964**

FILED AUG 14 1951

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett, Mo.</u>		c. LENGTH OF STAY (In this place) <u>2 Month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett, Mo. R#1</u>		<u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>910 4th. Street</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. 1 Monett, Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) _____ c. (Last) <u>Quade</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 17, 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 23, 1879</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Days <u>3</u> Year <u>24</u>	IF UNDER 1 HRS. Hours <u>5</u> Min. <u>45</u>
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 <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Henry Block</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Runge</u>		14. NAME OF HUSBAND OR WIFE <u>Paul Quade</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elnora Doss, Heberg, 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>Septicemia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 month</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>				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) _____		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>June</u> , 19 <u>42</u> , to <u>7/17/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7/10/51</u> , 19 <u>51</u> , and that death occurred at <u>7:15a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank Kern MD</u>				23b. ADDRESS <u>Monett Mo</u>		23c. DATE SIGNED <u>7/17/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 19</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Luthern Church Cemetery, Freistatt, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>7-18-51</u>		REGISTRAR'S SIGNATURE <u>W. M. West</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mercer Funeral Home, Monett, Mo.</u>			

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

51  
1

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

AUG 8 1951

File No. 851-1438  
Date Filed 8-9-51

MAY 6 1955

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 Ray W. Mercer

Licensed Embalmer No. 4432

P. O. Address Monroeville, 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.