

FILED AUG 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26208**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 854

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <i>0117</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (If this place) <u>Life</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <i>0117</i>		d. STREET ADDRESS (If rural, give location) <u>8th & Atchison Sts.</u> <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8th & Atchison Sts.</u>			
3. NAME OF DECEASED (Type or Print) <u>MAUD</u>		b. (Middle) <u>QUAMBA</u>	
a. (First)		c. (Last)	
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>8-15-1893</u>
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours
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>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Yero Quamba</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 <u>Yero Quamba</u>		ADDRESS <u>8th & Atchison St.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myo. Carditis</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multi Focular ovarian (Cysts. Very large)</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Woman died suddenly without a history of recent serious illness other than a large tumor mass on her abdomen, shortness of breath and weakness.</u></p>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr. ext.</u> <u>2 yrs. lat.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>serious illness other than a large tumor mass on her abdomen, shortness of breath and weakness.</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) <u>214X</u>		
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>on 8/9</u> , 19 <u>51</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred <u>about 11:00 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D. (Coroner)</u>		23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>8/9/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-11-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Public</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 13, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl E. Casler</u> <i>4-46</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John E. Rupp, St. Joseph, Mo.</u>		

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

MS
FEB 1
1960

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, on _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No. 3986

P. O. Address H. Joseph, 7th

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.