

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7103**

No. 300
10. MAR 13 1952

BIRTH NO. _____		REG. DIST. NO. <u>365</u>		PRIMARY REG. DIST. NO. <u>6240</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Harmony Twp.</u>		c. LENGTH OF STAY (in this place) <u>44 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Harmony Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Palmer mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Near Palmer</u> 1100 D			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jettie</u> b. (Middle) <u>Mac</u> c. (Last) <u>Quens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 13 1952</u>				
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>March 30 1893</u>	
9. AGE (In years last birthday) <u>58</u>		10. 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>-</u>		11. BIRTHPLACE (State or foreign country) <u>Leeper mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Sam Parker</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Ann Wright</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse Quens</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jesse Quens Belgrade 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> <u>Coronary disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. F. Russell</u> (Degree or title)				23b. ADDRESS <u>Bellevue, Mo.</u>		23c. DATE SIGNED <u>2/16/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-16-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wright Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-19-52</u>		REGISTRAR'S SIGNATURE <u>Ella D. White</u> 336		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miss Luther Spack Patoka mo.</u>			

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

1100

814

RECEIVED

MAR 11 1952

WASH. COUNTY HEALTH DEPT.

Phone. 352-297

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 Murphy L. Park

Signed.....
Student Embalmer

Licensed Embalmer No. 4236

P. O. Address The River 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.