

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7274

FILED MAR 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4023 Registrar's No. 34

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>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Exeter</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Exeter (Rural) 0050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Otis J.</u> b. (Middle) <u>McQueen</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>March 9, 1952</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 2, 1892</u>
9. AGE (In years last birthday) <u>59</u>		10. MONTH (Day) (Year) <u>11 7</u>	11. HOURS (Min.) <u>11 7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>James Albert McQueen</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Gilbert</u>		14. NAME OF HUSBAND OR WIFE <u>Letha McQueen Exeter</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>500-01-4838</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lawrence Butler Exeter, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>internal injuries &amp; skull fractures</u> INTERVAL BETWEEN ONSET AND DEATH <u>instant</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ E8104 27 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hotel, etc.) <u>Highway at Exeter, Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Exeter 005 Barry Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-9-52 3 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>car &amp; train collision</u>	
22. I hereby certify that I attended the deceased from <u>on March 9, 1952</u> , to _____, 19____, that I last saw the deceased <u>die on March 9, 1952</u> , and that death occurred at <u>3 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul D. Henbest</u>		23b. ADDRESS <u>Coover, Cassville, Mo.</u>	23c. DATE SIGNED <u>3-10-1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 12, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Muncey Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Barry Co. Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-14-1952</u>	REGISTRAR'S SIGNATURE <u>Grace Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul D. Henbest</u>	
		ADDRESS <u>Cassville, Mo.</u>	

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

**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

*Paul D. Henbest*

Licensed Embalmer No. *4576*

P. O. Address *Cassville, 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.