

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9225

No. 300
10-48

State File No. _____

MAR 25 1952

4345

5821

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| BIRTH NO. _____ | | REG. DIST. NO. <u>238</u> | | PRIMARY REG. DIST. NO. <u>5821</u> | | Registrar's No. <u>16</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>New Madrid Co.</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u> | | | | |
| b. CITY OR TOWN <u>Matthews</u> | | c. LENGTH OF STAY (In this place) <u>16 days</u> | | c. CITY OR TOWN <u>Anniston</u> | | b. COUNTY <u>Miss.</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sella Nursing Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>HARDY</u> | | | a. (First) | | b. (Middle) | | c. (Last) <u>QUICK</u> | |
| 4. DATE OF DEATH | | (Month) (Day) (Year) | | <u>Feb. 25, 1952</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | | 8. DATE OF BIRTH <u>Sept. 19, 1882</u> | | |
| 9. AGE (In years last birthday) <u>69</u> | | # UNDER 1 YEAR <u>5</u> | | # UNDER 1 Mth. <u>6</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 <u>Farming</u> | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Arcadia, Mo.</u> | | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | | | | | | | |
| 13a. FATHER'S NAME <u>Thomas J. Quick</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Safronia Dawson</u> | | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>unk.</u> | | 16. SOCIAL SECURITY NO. <u>unk.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Andy Kuehner - Anniston, Mo.</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>auricular fibrillation</u> | | | | | ? | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> | | | | | | |
| | | DUE TO (c) _____ | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4200</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) (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>2/11</u> , 19 <u>52</u> , to <u>2/11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2/11</u> , 19 <u>52</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Wm. C. Citchlow</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>Sikeston, Mo</u> | | 23c. DATE SIGNED <u>3/15/52</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>2-26-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>O.O.F. Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>3-20-52</u> | | REGISTRAR'S SIGNATURE <u>Helena Loud Jones</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Wanda Shelby</u> | | ADDRESS <u>East Prairie, Mo</u> | | |

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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 _____

Travis Shelby

Licensed Embalmer No. 27296

P. O. Address East Prairie, 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.