

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 728  
Registrar's No. 4

FILED JAN 27 1953

REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 5301

5. No. 300  
V. 10.48

2750

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

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>5301</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>CLINTON</u>			
b. CITY OR TOWN <u>Shoals RURAL</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Shoals 0250</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Phillip D</u> b. (Middle) <u>Quisenberry</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 16 1953</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>Nov. 21 1864</u>		9. AGE (In years last birthday) <u>88</u>		10. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>JACKIEB Quisenberry</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth O'Rear</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie May Quisenberry</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe H. Grose Cameron, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>14 hr</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		DUPLICATE					
ANTECEDENT CAUSES		DUE TO (b) <u>Tobacco (untyped)</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>arteriosclerosis</u>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>490X</u>					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 1-16-53, to 1-16-53, 19\_\_\_\_, that I last saw the deceased alive on 1-16-53, 19\_\_\_\_, and that death occurred at 11:59 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Cameron Mo</u>		23c. DATE SIGNED <u>1-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOBERLY CEMETERY MOBERLY Mo.</u>	
24d. LOCATION (City, town, or county) (State) _____		DATE REC'D BY LOCAL REG. <u>1-20-53</u> REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u> FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeMoss CRUNK Cameron, Mo</u>			

**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

Signature

*J. W. Mansel*

Licensed Embalmer No. 2533

P. O. Address Hammon, 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.