

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9625

State File No.

FILED APR 15 1953

3024

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BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

0451
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>HOWARD</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FAYETTE</u> <u>0451</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oldon</u> b. (Middle) <u>McQuitty</u> c. (Last) <u>McQuitty</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 7th 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>May 7 1885</u>
9. AGE (In years last birthday) <u>66</u>	10. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>FARM LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Mo.</u>
11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>FRANK McQuitty</u>	13b. MOTHER'S MAIDEN NAME <u>HARRIETT Williams</u>
14. NAME OF HUSBAND OR WIFE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WAKE McQuitty, Rockport, Mo.</u> ADDRESS _____
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Curiosis of liver</u> ANTECEDENT CAUSES DUE TO (b) <u>avitaminosis</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>Senility</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		2866	
21a. ACCIDENT SUICIDE HOMICIDE <u>natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, 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 <u>Jan</u> , 1953, to <u>April 7</u> , 1953, that I last saw the deceased alive on <u>Mar</u> , 1953, and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm J. Shaw, Jr.</u> (Degree or title)		23b. ADDRESS <u>Fire Dept, Fayette, Mo.</u>	
23c. DATE SIGNED <u>4-8-53</u>			
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>	24b. DATE <u>4-9-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hilldale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hilldale, Mo</u>
DATE REC'D BY LOCAL REG. <u>4-8-53</u>	REGISTRAR'S SIGNATURE <u>Mary L. Shell</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Stuart D. Parker</u> ADDRESS <u>Columbia Mo</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate *will be* was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Stuart D. Parker

Licensed Embalmer No. *2900*

P. O. Address *Columbia 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.