

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12187

State File No. ....

3055

FILED APR 4 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Effson 8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EARNES HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>No Address - 8</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Philip</u> b. (Middle) <u>Foster</u> c. (Last) <u>Qualls</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 20 53</u>
5. SEX <u>♂</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug-14-1882</u>
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Unknown 9</u>
13a. FATHER'S NAME <u>Richard H Qualls</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Gates</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</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, asthma, etc. It means the disease, injury, or complication which caused death.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Qualls Hillsboro Ill</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>March 18, 1953</u> , to <u>March 20, 1953</u> , that I last saw the deceased alive on <u>March 20, 1953</u> , and that death occurred at <u>6:15 a.m.</u> , from the causes and on the date stated above.		21f. HOW DID INJURY OCCUR? <u>195X</u>	
23a. SIGNATURE <u>A.R. Pradeley</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>EARNES HOSPITAL</u>	
23c. DATE SIGNED <u>3/20/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/20/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>McDarrid Point</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery Co Illinois</u>	
DATE REC'D BY LOCAL REG. <u>MAR 20 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W E Bass Hillsboro Ill</u>	

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

ST  
MAY 6 1907

9411 E

**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 O E Bass

Licensed Embalmer No. 2675

P. O. Address Hillsboro 911.

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.