

FILED MAY 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15296

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY PUTNAM
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE
c. LENGTH OF STAY (In this place) LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO b. COUNTY PUTNAM
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE 0860
d. STREET ADDRESS (If rural, give location) Lane

3. NAME OF DECEASED (Type or Print)
a. (First) MARY b. (Middle) EDITH c. (Last) QUIGLEY
4. DATE OF DEATH (Month) (Day) (Year) APR. 9 - 1953

5. SEX F 6. COLOR OF RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2
8. DATE OF BIRTH Sept-18-1890 9. AGE (In years last birthday) 62 10 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work 10b. KIND OF BUSINESS OR INDUSTRY self 11. BIRTHPLACE (State or foreign country) Putnam Co, Mo 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME W.V. Maulsby 13b. MOTHER'S MAIDEN NAME Ann E. Pearson 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 481-22-1602 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Norman Quigley, Unionville, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary arteriosclerosis
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis & hypertension
DUE TO (c) possible lung carcinoma
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) 4201 H

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Dec 24, 1952 to April 9, 1953 that I last saw the deceased alive on April 9, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Chas. L. Judd (Degree or title) 23b. ADDRESS Unionville Mo 23c. DATE SIGNED 3/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE Apr 12, 1953 24c. NAME OF CEMETERY OR CREMATORY Unionville, Mo 24d. LOCATION (City, town, or county) (State) Unionville, Mo

DATE REC'D BY LOCAL REG. 4-28-53 REGISTRAR'S SIGNATURE Registrar 266 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.D. Husted, Unionville, Mo

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

860
C

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Murl E. Husted

Signed.....
Student Embalmer

Licensed Embalmer No. *3304*

P. O. Address *Unionville, 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.