

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20783

State File No.

FILED JUN 29 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 683

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Tennessee. Davidson County</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph 36 Jct.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Old Hickory. 8419</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. Missouri Meth Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1906 Turner St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Dorothy</u>	b. (Middle) <u>Eveyn</u>	c. (Last) <u>Qualls Jr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 18 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>August 3, 1926.</u>	9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Dental Tec.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dental Laboratory</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>David C. Head.</u>	13b. MOTHER'S MAIDEN NAME <u>Rena Frey</u>	14. NAME OF HUSBAND OR WIFE <u>Arch L. Qualls Jr.</u>
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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. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arch L. Qualls Jr.</u>	ADDRESS <u>Old Hickory Ten.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fatal Concussion of the Brain</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Fractures of the</u> DUE TO (c) <u>Inferior Maxillary, numerous cuts about the face and limbs.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Woman was fatally injured in an automobile-truck collision on I-44 highways junction 3/6/53.</u>		E8161 26	

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) <u>Accident.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>Belt Highway</u>	21c. CITY, TOWN, OR TOWNSHIP, <u>Rural</u> (COUNTY) <u>Washington</u> (STATE) <u>Mich., Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 18, 1953 9:30 P.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>A transport rammed into rear of car.</u>
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22. I hereby certify that I signed the deceased from on 6/18, 1953, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. F. Mundy M.D., Coroner</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>6/19/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 19, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Springfield</u>	24d. LOCATION (City, town, or county) (State) <u>Tenn.</u>
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DATE REC'D BY LOCAL REG. <u>June 24, 1953</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Herman W. Sidelinger</u>	ADDRESS <u>1802 Union St.</u>
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(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

Herman W. Sidenfaden

Licensed Embalmer No. *2728*

P. O. Address

St. Joseph 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.)

2 If this body is not embalmed, fact should be so stated above.