

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23705

State File No.

FILED JUL 8-1953

BIRTH NO. 13049 REG. DIST. NO. 36v PRIMARY REG. DIST. NO. 4531 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>		c. LENGTH OF STAY (In this place) <u>All life</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>		1090	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>109 Thurman</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gregory</u> b. (Middle) <u>Allen</u> c. (Last) <u>McQuire</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-19-53</u>		
5. SEX <u>M. O</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>2-4-53</u>	9. AGE (In years last birthday) <u>4</u>	# UNDER 1 YEAR <u>15</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Warrenton, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>George H. McQuire</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy A. Wells</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Geo. H. McQuire</u> ADDRESS <u>109 Thurman</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diarrhea + Enteritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Premature Infant</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5710</u>	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 6-15, 1953, to 6-19, 1953, that I last saw the deceased alive on 6-19, 1953, and that death occurred at 4:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. N. MacRae D.O.</u>	23b. ADDRESS <u>Warrenton Missouri</u>	23c. DATE SIGNED <u>6-19-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-21-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Potomac Masonic</u>	24d. LOCATION (City, town, or county) (State) <u>Potomac Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-22-53</u>	REGISTRAR'S SIGNATURE <u>Floyd Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Spink</u> ADDRESS <u>Potomac</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Murphy Sparks

Licensed Embalmer No. _____

4256

P. O. Address _____

Flat Room 210

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.