

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36845

State File No.

FILED NOV 10 1953

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5984 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PULASKI</u>	
b. CITY OR TOWN <u>RURAL-LIBERTY</u>	c. LENGTH OF STAY (In this place) <u>35 yrs</u>	c. CITY OR TOWN <u>RURAL-LIBERTY</u> <u>2850</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 Mi. N-EAST OF RICHLAND</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 Mi N-EAST of Richland</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>IRA</u> b. (Middle) <u>M.</u> c. (Last) <u>QUICK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 29 53</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>April 29, 1866</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 24 HOURS Days <u>1</u>	IF UNDER 62 HOURS Hours <u>1</u>	IF UNDER 1 MIN. Min. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL</u>	11. BIRTHPLACE (State or foreign country) <u>Clinton County Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>					

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>SADIE QUICK</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Barnard</u>	ADDRESS <u>Richland</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old eye - bed feet</u> DUE TO (c) <u>Cardiac-vascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>30 yrs</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>4221</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Oct 1, 1953 to Oct 29 1953, that I last saw the deceased alive on Oct 28, 1953 and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis R. Myers D.O.</u>	23b. ADDRESS <u>Richland Mo.</u>	23c. DATE SIGNED <u>Oct 31-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/31/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MANES CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Richland Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-31-53</u>	REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>	453	25. FUNERAL DIRECTOR'S SIGNATURE <u>Owens Co. Craig</u> ADDRESS <u>Richland</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-31-53
Pulaski County Health Officer
File Number 11-7-53
Date Filed

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

Ewell C. Craig

Licensed Embalmer No. *4766*

P. O. Address *Rickland*

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.