

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 4 1954

State File No. **42145**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1329**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph)		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph Rural	
c. LENGTH OF STAY (in this place) abt 30 Yrs		d. STREET ADDRESS (If rural, give location) R. R. #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) AVERY b. (Middle) _____ c. (Last) MCQUERREY			4. DATE OF DEATH (Month) (Day) (Year) Dec. 21 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 7, 1870			9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Feed Store Opr.		10b. KIND OF BUSINESS OR INDUSTRY Feed Livestock		11. BIRTHPLACE (State or foreign country) Greenfield, Ill.	
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME John McQuerrey		13b. MOTHER'S MAIDEN NAME Sarah Cooley		14. NAME OF HUSBAND OR WIFE Ella McQuerrey	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ella McQuerrey ADDRESS St. Joseph, Mo.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 17 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		6 mo	
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophied Prostate - ?			

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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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"/>		21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9-15, 1953**, to **12-21, 1953**, that I last saw the deceased alive on **12-20, 1953**, and that death occurred at **1:08 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Ella McQuerrey (Degree of title) MD		23b. ADDRESS 218 No 7th St City		23c. DATE SIGNED 12/22/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 23, 1953		24c. NAME OF CEMETERY OR CREMATORY Ashlands Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	

DATE REC'D BY LOCAL REG. Dec 29, 1953		REGISTRAR'S SIGNATURE Betha M. Allison 485-		25. FUNERAL DIRECTOR'S SIGNATURE Stoney Funeral Home St Joseph, Mo ADDRESS _____	
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4633

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.)

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