

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42443

State File No. _____

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 4158 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Quisenberry</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 5 1953</u>					
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>April 24 1917</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Dallas County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>William Todd</u>	13b. MOTHER'S MAIDEN NAME <u>Paralee Smith</u>	14. NAME OF HUSBAND OR WIFE <u>W.G. Quisenberry</u>
---	---	--

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>493-36-8140</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.G. Quisenberry</u>	ADDRESS <u>Buffalo, Mo.</u>
---	---	--	--------------------------------

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>1 hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>	DUE TO (b) <u>Rheumatic heart Rheumatic fever 6 mos</u>	
	DUE TO (c) <u>Streptococcal throat infection 6 1/2 mos</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pregnancy 3 1/2 mos</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>051XE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

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)	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 on Dec 5, 1953 to _____, 19____, that I last saw the deceased alive on Dec 5, 1953 and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. P. Plummer M.D.</u>	23b. ADDRESS <u>Buffalo, Mo.</u>	23c. DATE SIGNED <u>12-9-53</u>
---	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 9-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Reynolds Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas County, Mo.</u>
--	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>12/19/53</u>	REGISTRAR'S SIGNATURE <u>Mr. Isaac Peterson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. P. Plummer</u>	ADDRESS <u>Buffalo, Mo.</u>
---	--	--	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

1930

I

I

I

0 - / - 0

71 1 \ + \ 1

1 1 1 0

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 *Clyde Montgomery*

Licensed Embalmer No. *3592*

P. O. Address *Buffalo, 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.