

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1721**

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	c. LENGTH OF STAY (in this place) 4 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ORONOGO	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHNS HOSPITAL		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) FOUNTAIN	c. (Last) QUALLS	4. DATE OF DEATH (Month) (Day) (Year) JANUARY 3, 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOVEMBER 15, 1869	9. AGE (In years last birthday) 84 If under 1 year: Months 1 If under 24 hrs: Days 18 Hours 18 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) RETIRED HOYSTERMAN	10b. KIND OF BUSINESS OR INDUSTRY MINING LEAD & ZINC	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JASPER QUALLS	13b. MOTHER'S MAIDEN NAME LUCINDA LASLEY	14. NAME OF HUSBAND OR WIFE ALICE QUALLS
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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. 496-07-6442	17. INFORMANT'S SIGNATURE OR NAME MRS. GLEN WEST	ADDRESS ORONOGO, MISSOURI
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 years unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic nephritis		
	ANTECEDENT CAUSES DUE TO (b) recurrent pyelitis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) urethral stricture + diverticulum II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. of bladder and prostate hypertrophy		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 608X	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) ORONOGO, MISSOURI
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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 **1-5, 1953**, to **1-3, 1954**, that I last saw the deceased alive on **1-2, 1954**, and that death occurred at **5:20 AM m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. Harrison, MD.	23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 1/4/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JANUARY 5, 1954	24c. NAME OF CEMETERY OR CREMATORY ORONOGO CEMETERY	24d. LOCATION (City, town, or county) (State) ORONOGO, MISSOURI
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DATE REC'D BY LOCAL REG. 1-11-54	REGISTRAR'S SIGNATURE Red S. James	25. FUNERAL DIRECTOR'S SIGNATURE by Alice H. Campbell	ADDRESS HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 18 1954
Jasper County Health Office
County File Number 54-1-34
Date Filed JAN 18 1954

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

Richard Gray Lewis

Licensed Embalmer No. 7405

P. O. Address Webb City 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.