

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23792

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 5828 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adaptation). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LE SIEUR TOWNSHIP</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LESIEUR</u> 0720	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>ROGETTA</u> c. (Last) <u>QUIRK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July - 19 - 54</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>Aug-19-1864</u>		9. AGE (If years last birthday) <u>90</u> if UNDER 1 YEAR Months Days if UNDER 1 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>			10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JAMES QUIRK</u>		13b. MOTHER'S MAIDEN NAME <u>unk</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Fred Quirk Portageville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchiopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 da.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Upper Respiratory Inf.</u>		<u>8 da.</u>	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility. Generalized arteriosclerosis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>475 X</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) m.		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 Feb 2, 1954, to July 19, 1954, that I last saw the deceased alive on July 17, 1954, and that death occurred at 1:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John Killian MD</u>		23b. ADDRESS <u>Portageville Mo.</u>		23c. DATE SIGNED <u>7-23-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 20-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville</u>	
24d. LOCATION (City, town, or county) (State) <u>Portageville Mo.</u>		DATE REC'D BY LOCAL REG. <u>7-26-54</u>		REGISTRAR'S SIGNATURE <u>Ellen De Lisle</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Mad. Co. New Mad.</u>		ADDRESS			

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

120

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: *Tommy L. Roberts*
Licensed Embalmer No. *4886*
P. O. Address: *New Madrid, 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.