

FILED JUN 13 1955

CERTIFICATE OF DEATH

State File No. 14370

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 243

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Randolph</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Cape Girardeau</u>)		c. LENGTH OF STAY (In this place) <u>28 days</u>	c. CITY OR TOWN <u>Chester</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>424 Riverview Boulevard</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDNA</u> b. (Middle) <u>LEAL</u> c. (Last) <u>QUICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1955</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>October 18, 1891</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Days <u>7</u> IF UNDER 4 HRS. Mins. <u>13</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Westend, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>Edward J. Hobbs</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Mae Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Phillip E. Quick</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ralph J. Cox Cape Girardeau, 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>Generalized Metastases</u> ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Kidney (Hydronephrosis)</u> DUE TO (c) _____ 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 mo</u> <u>11 mo</u>		
19a. DATE OF OPERATION <u>8-11-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hydronephrosis (l) 180x</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., at 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 from <u>8-6, 1954</u> , to <u>6-3, 1955</u> , that I last saw the deceased alive on <u>6-3, 1955</u> , and that death occurred at <u>11 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>219 N Pacific Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>6-7-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 8, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wolfcreek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Eldorado, Illinois</u>			
DATE REC'D BY LOCAL REG- <u>6-7-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>44-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schawder Funeral Home Chester</u>				

(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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Virgil H. Kelch

Licensed Embalmer No. *410*

P. O. Address *Cape Stra*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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