

3483

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 23 1956

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Saline County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural, Marshall Twp.</u>	c. LENGTH OF STAY (in this place) in yrs. <u>6</u>	c. CITY OR TOWN <u>Osborn</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>Missouri State School</u>		STREET ADDRESS (If rural, give location) <u>0321</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Byron</u>		b. (Middle) <u>Joseph</u>		c. (Last) <u>McQuate</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>July 6, 1937</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>18 6 10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Osborn, DeKalb Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Chester A. McQuate</u>		13b. MOTHER'S MAIDEN NAME <u>Grace L. Dobson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Missouri State School Records, Marshall, Mo.</u>	
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Third degree burns and shock</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Accidental ignition of clothing by a lighted match.</u> DUE TO (c) <u>9167</u> <u>40</u> 2. OTHER SIGNIFICANT CONDITIONS <u>Congenital idiocy; post-encephalitic cerebral damage at age of 4 yrs.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>	
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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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public building, etc.) <u>State School</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marshall Saline Mo.</u>	
21d. TIME OF INJURY <u>1-16-56 7a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>By lighted match.</u>	

22. I hereby certify that I attended the deceased from 1-16-56, 1956, that I last saw the deceased alive on 1-15-56, 1956, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. L. Bullock M.D. Coroner Saline Co.</u>		23b. ADDRESS <u>Marshall, Missouri</u>		23c. DATE SIGNED <u>1/16/1956</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/19/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osborn Cem. Osborn, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Osborn, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>1-18-56</u>		REGISTRAR'S SIGNATURE <u>Cecil H. Reed Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. F. Poland-Cameron, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

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.....  
*J. Leath*

Licensed Embalmer No. *223*

P. O. Address *Marshall*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.