

FILED MAR 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12081**BIRTH NO. _____ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **6157** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Pine		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Pine	
c. LENGTH OF STAY (In this place)		12-40	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile S.E. of Lampe, Mo.		d. STREET ADDRESS (If rural, give location) 1 Mile S. E. of Lampe, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) McQUEARY c. (Last) McQUEARY			4. DATE OF DEATH (Month) (Day) (Year) March 8, 1956		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 5 Sept. 1889		9. AGE (In years, last birthday) 66		IF UNDER 1 YEAR Month 6 Days 3		IF UNDER 24 HRS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & Saw Mill			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Baxter, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Johnny McQueary			13b. MOTHER'S MAIDEN NAME Sarah Cuthurth			14. NAME OF HUSBAND OR WIFE None		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie Hammers-Lampe, Mo.		ADDRESS Mo.	
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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 1/2 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUPLICATE OF (b) Hypertension							
DUPLICATE OF (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3 3/4 x						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Reeds Spring Mo.	
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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?	
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22. I hereby certify that I attended the deceased from **March 8th up 56 to** _____, 19____, that I last saw the deceased alive on **3-8-56**, 19____, and that death occurred at **12 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. G. Patterson Mrs.		(Degree or title)		23b. ADDRESS Reeds Spring Mo.		23c. DATE SIGNED 3-12-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-11-56		24c. NAME OF CEMETERY OR CREMATORY Blue Eye Cemetery		24d. LOCATION (City, town, or county) (State) Blue Eye, Missouri	
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DATE REC'D BY LOCAL REG. 3-28-56		REGISTRAR'S SIGNATURE Elyde A. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE Nelson Funeral Home-Berryville, Ark		ADDRESS	
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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 Charles M. Nelson

Licensed Embalmer No. 815

P. O. Address Beverly Hills, Ca

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

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