

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27971

FILED SEP 12 1956

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 6033 Registrar's No. 646

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Ripley		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural		c. CITY OR TOWN Rural		d. STREET ADDRESS Gatewood, Mo.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Rural		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gatewood, Mo.		Length of stay in lb 1 1/2 mos.		d. STREET ADDRESS (If outside, give location) Gatewood, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First MARY		Middle ANN		Last McQUEEN		Month Sept. Day 4, Year 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1898 February 27,	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 6 Days 7 Hours Min. 	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) OLNEY, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME UNKNOWN				14. MOTHER'S MAIDEN NAME UNKNOWN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT WILLIAM A. McQUEEN Address GATEWOOD, MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 1 hour	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis						?	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 331X				
20c. TIME OF INJURY Hour 3:30 Month 7 Day 4 Year 1956 a. m. A p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 7/4/56 to 7/4/56 and last saw her alive on 7/4/56 Death occurred at 3:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Frank Johnson MD (Degree or title)				22b. ADDRESS Doniphan Mo		22c. DATE SIGNED 7/4/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-8-1956		23c. NAME OF CEMETERY OR CREMATORY Gatewood		23d. LOCATION (City, town, or county) (State) Ripley Co Mo	
24. FUNERAL DIRECTOR EDWARDS FUNERAL HOME		ADDRESS DONIPHAN		25. DATE RECD. BY LOCAL REG. 7-4-1956		26. REGISTRAR'S SIGNATURE F. B. Johnson	

health, Welfare Public Service
 300-56
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *John A. Harris*
Licensed Embalmer No. *48*

P. O. Address *Douglas*

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.