

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29073**

FILED SEP 3 1957

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

BIRTH MO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>6121</u>		Registrar's No. <u>97</u>	
1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL-CROOKED RIVER</u>		c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		c. CITY OR TOWN <u>HARDIN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>2 mi. South of Hardin 0890</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DEWITT</u>		b. (Middle) <u>CHASE</u>		c. (Last) <u>MCQUEEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 22, 1957</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>married</u>		8. DATE OF BIRTH <u>JUNE 8, 1890</u>	
9. AGE (in years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DEEROSE PLANT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CARROLL COUNTY, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Wm P. McQueen</u>		13b. MOTHER'S MAIDEN NAME <u>PERNICIA COLE</u>		14. NAME OF HUSBAND OR WIFE <u>RUTH B. McQueen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-10-6660</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RUTH McQueen</u> ADDRESS <u>HARDIN, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial infarction</u>		ANTECEDENT CAUSES		DUE TO (b) <u>hypertensive heart disease 5 years</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>generalized atherosclerosis</u>			
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>bronchial asthma</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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)		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>Aug 8, 1957</u> to <u>Aug 22, 1957</u> , that I last saw the deceased alive on <u>Aug 8, 1957</u> , and that death occurred at <u>9:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>Ralph W. Kelso</u>				23b. ADDRESS <u>Levington</u>		23c. DATE SIGNED <u>8/24/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-25-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HARDIN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HARDIN Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 27-1957</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>August Borchert</u> ADDRESS <u>Hardin, Mo.</u>			

SEP 23 1957

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.....
August Boeckling

Licensed Embalmer No...4678

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