No. 300
10-48

FILED OCT 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

W. M. State File No. 32463

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4262 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knox City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Knox
c. CITY OR TOWN: Knox City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0520 0

3. NAME OF DECEASED (Type or Print)
a. (First): Wilmer
b. (Middle):
c. (Last): Queen

4. DATE OF DEATH (Month) (Day) (Year): Sept. 19, 1957

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Oct. 25, 1875
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and State or Foreign Country): Knox County
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Walter S. Queen
13b. MOTHER'S MAIDEN NAME: Lisa Wade
14. NAME OF HUSBAND OR WIFE: Clara Ellen Queen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. S. A. Queen — **ADDRESS**: Knox City

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Heart Block — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio Sclerotic Heart — 12 years
DUE TO (c) arterio Sclerosis — ?

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: 4200
20. AUTOPSY? YES ☐ NO ☒ — 2

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 5, 1957, *to* Sept 19, 1957, *that I last saw the deceased alive on* Sept 18, 1957, *and that death occurred at* 2:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Waldo R. Jason — (Degree or title): MD
23b. ADDRESS: Knox City Mo
23c. DATE SIGNED: 9/23/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 22, 1957
24c. NAME OF CEMETERY OR CREMATORY: Knox City
24d. LOCATION (City, town, or county): Knox City — (State): Mo.

DATE REC'D BY LOCAL REG.: Sept 24-57
REGISTRAR'S SIGNATURE: Nellie A. Hurolt
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] — **ADDRESS**: Bark[illegible] Wy[illegible]

(Licensed Embalmer's Statement on Reverse Side)

15 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

by me, or by ....., Student Embalmer N

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Fred Garth

Licensed Embalmer No. 4252

P. O. Address Wyaconda

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.