

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43238

State File No.

BIRTH NO.		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>6181</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Penn Twp.</u>		c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Penn Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 2 mi SW Green City</u>				d. STREET ADDRESS (If rural, give location) <u>2 mi. SW Green City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Verne</u>		b. (Middle) <u>Willard</u>		c. (Last) <u>Quick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 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>Oct. 24, 1895</u>	
9. AGE (In years last birthday) <u>62</u>		10. MONTHS <u>---</u> DAYS <u>---</u> HOURS <u>---</u> MIN. <u>---</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>John Thomas Quick</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Henninger</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Myers Quick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Don't Know</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elizabeth Quick, Green City, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>CORONARY SCLEROSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>45 MIN</u> <u>6 MONTHS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? <u>2</u> 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>April 4, 1948</u> , to <u>Nov 24, 1957</u> , that I last saw the deceased alive on <u>Nov 21, 1957</u> , and that death occurred at <u>11:45 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>R. D. Smith D.O.</u> (Degree or title)				23b. ADDRESS <u>Green City, Mo</u>		23c. DATE SIGNED <u>Nov 27, 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 27, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Green City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-2-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn E. Kent & Son, Inc., Green City, Mo.</u>			

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

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MS SEP 28 1959

MS SEP 24 1959

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 Carl R. Lent

Licensed Embalmer No. 4689

P. O. Address Brew City, 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 this body is not embalmed, fact should be so stated above.