

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026240

STATE FILE NUMBER

FILED JUL 18 1958 Registration District No. 207 Primary Registration District No. 5757 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>Maries</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Johnson Township</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Rural</b> 0630 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>AT Home</b> Length of stay in lb <b>75 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>-</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Quintilla</b> First Middle Last <b>Southard</b>			4. DATE OF DEATH <b>7-2-58</b> Month Day Year			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-31-1864</b>	9. AGE (In years last birthday) <b>94</b> IF UNDER 1 YEAR: Months <b>3</b> Days <b>2</b> Hours <b>-</b> Min. <b>-</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and state or country) <b>Green Co. MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>John Chandler</b>			14. MOTHER'S MAIDEN NAME <b>Nancy Patterson</b>			
15. WAS DECEASED EVER IN U. S. ARMED SERVICES (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Ida Castle - ST. James, MO.</b>			

18. CAUSE OF DEATH [Enter one cause and underline for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic pulmonary arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>mening</u> 591 X			INTERVAL BETWEEN ONSET AND DEATH <b>4 year</b> <b>8 year</b> <b>5 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>fracture of left hip May 30, 1955</b>			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.) <b>-</b>	
20c. TIME OF INJURY Hour <b>-</b> Month, Day, Year <b>-</b> a. m. <b>-</b> p. m. <b>-</b>		
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.) <b>-</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>-</b>

21. I attended the deceased from <b>June 10, 45</b> to <b>July 2, '58</b> and last saw her alive on <b>July 2 '58</b> Death occurred at <b>7:30 P. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>C. V. Hammler MD</b> (Degree or title)	22b. ADDRESS <b>St. James, Mo.</b>	22c. DATE SIGNED <b>7-6-58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-6-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Southard Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Maries Co. MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Oral E. Liebliler - St. James Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July 16-1958</b>	26. REGISTRAR'S SIGNATURE <b>Lucille Wudinger, D.</b>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service  
 300 1-56  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 me, Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed Oral E. Liekhaler

Licensed Embalmer No. 35

P. O. Address St. Paul

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.