

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028466
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 53 Primary Registration District No. Registrar's No. 441

1. PLACE OF DEATH a. COUNTY <u>Lape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lape Girardeau</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>016 Lape Girardeau</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis</u> Length of stay in lb <u>2.0 days</u>		d. STREET ADDRESS (If outside, give location) <u>133 So. Benton</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>Alexander J. Quade</u>			4. DATE OF DEATH Month Day Year <u>Aug 20 - 1958</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 29 - 1886</u>
9. AGE (In years last birthday) <u>71</u>		FLUNDER 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) <u>Mechanics</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Machine Co</u>	11. BIRTHPLACE (City and state or country) <u>Lape Girardeau Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Frederick Quade</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schwab</u>		14. NAME OF HUSBAND OR WIFE <u>Bettie Pearl Walsh</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>490-05-5087</u>	17. INFORMANT Address <u>Miss Linnell Jenkins Lape Gir.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Embolus from lft. heart</u> DUE TO (c) <u>Auricular fibrillation</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>4331</u>
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.)		20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	
20d. INJURY OCCURRED WHILE AT <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 <u>7/31/58</u> to <u>8/20/58</u> and last saw him alive on <u>8/20/58</u> Death occurred at <u>12 noon</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. A. Kenis, M.D.</u>		22b. ADDRESS <u>Lape Girardeau Mo</u>	
22c. DATE SIGNED <u>8/25/58</u>		23a. BURNAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>Aug 23 - 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Marys</u>	
23d. LOCATION (City, town, or county) <u>Lape Girardeau Mo</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>Matthews Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 5, 1958</u>	
ADDRESS <u>Lape Girardeau Mo</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Homer Cooper</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

doctor, coroner, etc. must use any standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

SEP 10

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 *William Lee Jones*

Licensed Embalmer No. *2410*

P. O. Address *Cape Girardeau*

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.