

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028712
STATE FILE NUMBER

FILED AUG 29 1958 Registration District No. 189 Primary Registration District No. 5424 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY DUNKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GLENNONVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN GLENNONVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNION TOWNSHIP		Length of stay in 1b 40 YRS.	d. STREET ADDRESS (If outside, give location) CAMPBELL, MO. RT. L		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH B QUICK			4. DATE OF DEATH Month Day Year AUG 18, 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 8, 1885	9. AGE (In years less birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and state or country) LAWERENCTON, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE SIEBERT		13b. MOTHER'S MAIDEN NAME MARGARET		14. NAME OF HUSBAND OR WIFE AUGUSTINE QUICK Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MRS. LEO PETER CAMPBELL, MO RT. L		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>M. standard Disease</i> <i>Rumetic Heart since childhood</i> <i>Spine tumor</i> Conditions, which gave rise to above cause, or stating character of lying cause. DUE TO (c) <i>Spine tumor</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Spine tumor</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>					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 Month, Day, Year a.m. 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 <i>Nov 1-57</i> to <i>Aug 18-58</i> and last saw her alive on <i>Aug 17-58</i> Death occurred at <i>9:50 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>D. S. Campbell M.D.</i>			22b. ADDRESS <i>Malden Mo</i>		22c. DATE SIGNED <i>8/19/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/20/58	23c. NAME OF CEMETERY OR CREMATORY ST TERESA		23d. LOCATION (City, town, or county) (State) GLENNONVILLE MO.
24. FUNERAL DIRECTOR D & K. FUNERAL HOME		ADDRESS MALDEN, MO.		25. DATE RECD. BY LOCAL REG. 8-20-1958	26. REGISTRAR'S SIGNATURE <i>Mrs. Beulah Campbell</i>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *J. J. Shawar*

Licensed Embalmer No. *10086*

P. O. Address *Madison*

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.