

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035566
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1163

300
1-57

59

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2529 South 15th		STREET ADDRESS (If outside, give location) 2517 South 15th	
Length of stay in 1b 2 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last SARAH LUCILVIA QUICK			4. DATE OF DEATH Month Day Year Oct. 27, 1958		
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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 Aug. 10, 1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Holt County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Raines	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Samuel J. Tilden Quick
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Clarence Hart, 2519 South 15th.	Address St. Joseph, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Heart Failure Sub-capital fracture to rt hip DUE TO (b) Cardiac asthma Chronic bronchitis DUE TO (c) Rheumatic heart & mitral valve damage		INTERVAL BETWEEN ONSET AND DEATH Few minutes 4/9/58 ? ? ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410XF		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Pt. fell when starting to sit on chair
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20c. TIME OF INJURY 6:00 p.m.	Hour Month, Day, Year 4/9/58
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	20f. CITY, TOWN, OR LOCATION St. Joseph	COUNTY Buchanan,	STATE Missouri
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21. I attended the deceased from 8/7/57, to 10/27/58 and last saw her alive on 9/30/58 Death occurred at 3:10 am on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>W. B. Rast</i>	(Degree or title) 0	22b. ADDRESS 310 No. 10th, St. Joseph, Mo.	22c. DATE SIGNED 10/28/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/29/58	23c. NAME OF CEMETERY OR CREMATORY Oregon	23d. LOCATION (City, town, or county) (State) Oregon, Missouri
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24. FUNERAL DIRECTOR James H. Pettigaber	ADDRESS Oregon, Mo	25. DATE RECD. BY LOCAL REG. Nov. 3, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Hodell
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.
Dr. Wm B. Rast

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 *James H. Pettigrew*
Licensed Embalmer No. *3192*
P. O. Address *Oregon 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.