

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035358

STATE FILE NUMBER

 REG. NO. A-1557
 Registration District No. _____ Primary Registration District No. **2007** Registrar's No. **512**

SENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY BUTLER		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		a. STATE MICHIGAN		b. COUNTY WAYNE	
Length of stay in lb 5 DAYS		c. CITY OR TOWN DETROIT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS: (if outside, give location) 7645 JOSEPH COMMON STREET			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First CLARENCE		Middle (NONE)		Last McQUEEN		Month OCTOBER Day 26 Year 1959	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-6-23	9. AGE (last birthday) 36	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (City and state or country) ELLWALKER CO., ALABAMA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ETHEL McQUEEN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) ABSCESS ENTIRE RIGHT LUNG WITH BREAKDOWN OF LUNG STRUCTURE AND MODERATE LIQUEFICATION.				INTERVAL BETWEEN ONSET AND DEATH 3 Weeks.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PNEUMONIA, ENTIRE RIGHT LUNG, ETIOLOGY UNDETERMINED. 3 Wks.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. p.m.		Month, Day, Year			
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from October 21, 1959 to October 26, 1959		Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ernest M. Tapp (Degree or title)		22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.		22c. DATE SIGNED 10/26/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-26-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.		23d. LOCATION (City, town, or county) Talladega, Ala.		(State)	
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 11/2/59		REGISTRAR'S SIGNATURE [Signature]	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

7008

1959-12-12

NAME ADDRESS

RELIGION

X FEMALE WHITE 21 YRS

X TRAVIS WOODS HOSPITAL 1942 10000 20TH ST

2221 25 11TH ST (HOME) CHICAGO

30 2-2-59

NOV 21 DEC 1 1959

HEBREW

U.S.A. AM BAPTIST CHURCH

ADDRESS

RELIGION

TRAVIS WOODS HOSPITAL

W. W. W. W.

RELIGION

10000 20TH ST TRAVIS WOODS HOSPITAL

W. W. W. W.

II

RELIGION

STATEMENT BY LICENSED EMBALMER

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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 Edgar W. Pappas

Licensed Embalmer No. 3394

P.O. Address Paplas Bluff

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.