

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016501

FILED VS. MAY 5 1960 310

Registration District No. 3058 Registrar's No. 93

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>ST CHARLES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>MONTEGNEY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST CHARLES</b>		Length of stay in 1b <b>2 days</b>	c. CITY OR TOWN <b>2 mile East</b> 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>ST JOSEPH HOSP</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>7 Jonesburg</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ROLHA</b> Middle <b>CHARLES</b> Last <b>QUANTZ</b>			4. DATE OF DEATH Month <b>April</b> Day <b>26</b> Year <b>60</b>			
5. SEX <b>Male</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>4-2-84</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (City and state or country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>Charles Quantz</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Long</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Quantz</b>	
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. <b>---</b>		17. INFORMANT <b>Charles Quantz</b> Address <b>Kansas City</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Left Upper Lobe Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Generalized Arteriosclerosis</b>		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	
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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 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 **4-24-60** to **4-26-60** and last saw <sup>him</sup> alive on **4-26-60**  
Death occurred at **4:50 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Paul V. Lother M.D.</b>	22b. ADDRESS <b>114 N. Main St., St. Chas. Mo.</b>	22c. DATE SIGNED <b>4-28-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-29-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Patrick's</b>	23d. LOCATION (City, town, or county) (State) <b>Jonesburg MO</b>
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24. FUNERAL DIRECTOR <b>C.R. Harding</b> ADDRESS <b>Jonesburg MO</b>	25. DATE RECD. BY LOCAL REG. <b>APR 28-60</b>	26. REGISTRAR'S SIGNATURE <b>Marcelle Wilson</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Carl A. Hard

Licensed Embalmer No. 4115

P. O. Address Jonesboro

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.