URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-031675

FILED VS AUG 24 1960

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 208

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Randolph

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Length of stay in 1b Life

c. CITY OR TOWN Moberly — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wabash Employes Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 942 W. Rollins St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First WILBUR Middle Last QUISENBERRY

4. DATE OF DEATH Month AUG. Day 13 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7-16-1902

9. AGE (last birthday) 58 — 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) Locomotive Engineer

10b. KIND OF BUSINESS OR INDUSTRY Wabash Railroad

11. BIRTHPLACE (City and state or country) Moberly Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Braxton Quisenberry

13b. MOTHER'S MAIDEN NAME Willie Agnes Ball

14. NAME OF HUSBAND OR WIFE Veda Quisenberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Navy - WWI

16. SOCIAL SECURITY NO. 491-07-0536

17. INFORMANT Mrs. Veda Quisenberry Address Moberly

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 coronary infarction — INTERVAL BETWEEN ONSET AND DEATH Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) Severe anterior myocardial infarction with left bundle branch block — 2 Weeks

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 August 5, 1960, to August 13, 1960 and last saw him alive on August 13, 1960

Death occurred at 10:20 A.M., m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. K. McMurtry M.D. L. K. McMurtry, M.D., Surgeon in Charge

22b. ADDRESS Wabash Employes' Hospital Moberly, Missouri

22c. DATE SIGNED 8/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8-15-1960

23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens

23d. LOCATION (City, town, or county) Moberly (State) Missouri

24. FUNERAL DIRECTOR Mahan Funeral Service ADDRESS Moberly

25. DATE RECD. BY LOCAL REG. 8-15-60

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

AUG 25 1960

OCT 20 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John A. Green

Licensed Embalmer No. 3815

P. O. Address Mokeely

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor 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.