

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012389

STATE FILE NUMBER

AMENDED

Registration District No. 373 Primary Registration District No. 4544 Registrar's No. 18

FILED MAR 20 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		WEBSTER		e. STATE		MO b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		NIANGUA MO		c. CITY OR TOWN		NIANGUA MO R.R.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		NIANGUA NURSING HOME		d. STREET ADDRESS		TMI EAST	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Middle Last				Month Day Year			
ZERELDA QUINN				MAR 14 1961			
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH	
FEMALE		WHITE		9-23-1896		9. AGE (last birthday)	
				84		IF UNDER 1 YEAR IF UNDER 24 HR	
						Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
HOUSEWIFE						MISSOURI	
12. CITIZEN OF WHAT COUNTRY				U.S.A			
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE	
JAMES BUTTRAM			SARAH JOHNSON				
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.		17. INFORMANT Address	
No						BESSIE BALLARD NIANGUA MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)							
MEDULLARY PARALYSIS							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
CEREBRAL THROMBOSIS							
DUE TO (c)							
ARTERIO SCLEROSIS							
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 checked="" type="checkbox"/> N. <input type="checkbox"/> Unknown	
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		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		12/15/58		to		3/14/61	
Death occurred at		1000 P.		m on the date stated above, and to the best of my knowledge, from the causes stated.		and last saw her alive on 3/3/61	
22a. SIGNATURE (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
[Signature]				MO - Marshallfield, Mo.		3/15/61	
23a. FUNERAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
BURIAL		3-17-1961		LITTLE YINE		WRIGHT CO MO	
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
BARBER-EDWARDS MARSHFIELD				3-17-61		[Signature]	

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,

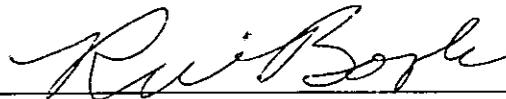
for by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____



Licensed Embalmer No. _____

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P. O. Address _____



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.