

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024047

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED AUG 14 1961 38 Primary Registration District No. 5121 Registrar's No. 492 STATE FILE NUMBER

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisburg <i>Perche</i>		Length of stay in 1b URS.	c. CITY OR TOWN Harrisburg		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS Route 1 (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last BENJAMIN NEWTON McQUITTY			4. DATE OF DEATH Month Day Year August 5, 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-10-1884	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Howard County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Fielding McQuitty		13b. MOTHER'S MAIDEN NAME Mary Goslin		14. NAME OF HUSBAND OR WIFE Maye Settles		
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 Address Harrisburg Mrs. Benjamin N. McQuitty, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>pulmonary edema</i> DUE TO (b) <i>cardiac decompensation</i> DUE TO (c) <i>arteriosclerotic heart disease</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>1 wk</i> <i>2 years</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>cerebral vascular accident 6 mo</i>					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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <i>natural</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour s.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 <i>July 1959</i> to <i>Aug 5, 1961</i> and last saw her/him live on <i>Aug 2, 1961</i> Death occurred at <i>1:30 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>W.S. Shaw, Jr M.D.</i> (Degree or title)			22b. ADDRESS <i>Lee Hospital, Fayette, Mo</i>		22c. DATE SIGNED <i>8-8-61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 8, 1961	23c. NAME OF CEMETERY OR CREMATORY Harrisburg Cemetery		23d. LOCATION (City, town, or County) Boone County, Missouri	(State)	
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. Aug 8 1961	26. REGISTRAR'S SIGNATURE Mrs R E Palmer		

**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 George P. Keck

Licensed Embalmer No. 4752

P. O. Address Columbia 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.