

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032649

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 138
 FILED SEP 19 1961

Primary Registration District No. 5520 Registrar's No. 68

STATE FILE NUMBER

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Montgomery Township</u>		Length of stay in 1b <u>2 years</u>		c. CITY OR TOWN <u>Montgomery Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>2 mi. West of Quincy</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2 Mi. West of Quincy</u>	
3. NAME OF DECEASED (Type or print) First <u>EVA</u> Middle <u>Alice</u> Last <u>QUICK</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>11</u> Year <u>1961</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Mar 1-74</u>	
				9. AGE (last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u>	
						IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Tusculum, Mo</u>	
13a. FATHER'S NAME <u>Henry Quick</u>				13b. MOTHER'S MAIDEN NAME <u>Leah Cook</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Oscar Quick - Quincy, Mo</u> Address <u></u>	
14. NAME OF HUSBAND OR WIFE <u>Jacob Quick</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>apoplexy of Brain</u> DUE TO (c) <u></u> 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 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 Hour <u></u> s.m. <u></u> p.m. <u></u>		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 <u>Sept 3, 1961</u> to <u>Sept 11, 1961</u> and last saw her him alive on <u>Sept 11, 1961</u> Death occurred at <u>1:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>J. E. Briggs DO</u>				22b. ADDRESS <u>Wheatland, Mo.</u>		22c. DATE SIGNED <u>9-12-61</u>	
23a. BURIAL, CREMATION, RECOVERY (Specify) <u>Burial</u>		23b. DATE <u>Sept 15-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Knob Noster Cemetery Knob Noster Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Robert Tetherway - Wheatland, Mo</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Sept. 12. 1961</u>	
				26. REGISTRAR'S SIGNATURE <u>Mary Johnson</u>			

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 Chas. Robert Hathaway

Licensed Embalmer No. 4267

P. O. Address Westland, 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.