

MISSOURI DIVISION OF HEALTH AND WELFARE - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-005168

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 3078 Registrar's No. 9

AMENDED

FILED JAN 25 1962

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter	Length of stay in 1b 2 years	c. CITY OR TOWN Dexter	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kitchen Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Kitchen Ave.

3. NAME OF DECEASED (Type or print) First Henry Middle NMI Last Quade			4. DATE OF DEATH Month Jan. Day 2 Year 1962	
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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 10-15-1902	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Handle of salesman	10b. KIND OF BUSINESS OR INDUSTRY Handle business	11. BIRTHPLACE (City and state or country) Vergas, Minn.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Julius Quade	13b. MOTHER'S MAIDEN NAME Anna Kuntze	14. NAME OF HUSBAND OR WIFE Florence Quade
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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 Florence Quade	Address Dexter, Mo.
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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 Circulatory failure		INTERVAL BETWEEN ONSET AND DEATH Approx 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Thrombosis with myocardial infarction	3 days
	DUE TO (c) Arteriosclerosis	Unknown
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.)
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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 _____
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21. I attended the deceased from Oct. 1961 to Jan. 1962 and last saw him alive on Jan. 2, 1962
Death occurred at Jan. 2, 1962 5:05 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Floyd C. Worthington D. O.</i>	22b. ADDRESS Dexter, Missouri	22c. DATE SIGNED 1/3/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1-4-62	23c. NAME OF CEMETERY OR CREMATORY Hagy Cemetery	23d. LOCATION (City, town, or county) (State) Dexter, Mo.
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24. FUNERAL DIRECTOR Watkins & Sons	ADDRESS Dexter, Mo.	25. DATE RECD BY LOCAL REG. 1/15/62	26. REGISTRAR'S SIGNATURE <i>Walter J. Jenkins</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 Marsh Watkins

Licensed Embalmer No. 477

P. O. Address Dexter 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.