

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005250

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 1

AMENDED

FILED JAN 9 1962

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri		Length of stay in 1b 34 yrs.	c. CITY OR TOWN Nevada, Missouri Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada, Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS R.F.D.No.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 Walter Sidney Queen			4. DATE OF DEATH -- Month Day Year January 1st, 1962
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 11-11-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Switchman		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (last birthday) 71 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 1 21
11. BIRTHPLACE (City and state or country) Harrison, Arkansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Nicholas Queen		13b. MOTHER'S MAIDEN NAME Mary Showers	14. NAME OF HUSBAND OR WIFE Mrs. Mary Queen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no none		NO. 17. INFORMANT 02 Mrs. Mary Queen, Wife, Nevada, Mo.	Address R.F.D.No.1
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Parkinsonism			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 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
21. I attended the deceased from Aug 8 1941 to Jan 1 1962 and last saw him alive on Jan 1 1962 . Death occurred at 11:40 a on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do not use initials) Wayne Pearce, M.D.		22b. ADDRESS Nevada, Mo	22c. DATE SIGNED 1/2/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-3-1962	23c. NAME OF CEMETERY OR CREMATORY Deepwood Cemetery	23d. LOCATION (City, town, or county) Nevada, Vernon, Missouri (State)
24. FUNERAL DIRECTOR Hays Funeral Service, Inc ADDRESS Nevada, Missouri		25. DATE RECD. BY LOCAL REG. Jan 5-1962	26. REGISTRAR'S SIGNATURE Anna E. Perry

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

JAN 9 1962

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 Richard L. Griffin

Licensed Embalmer No. 5053

P. O. Address St Scott, 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.