

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013898

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 46

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 27 1962

VS 300
Rev. 4/59

1 1080

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington twnsnp.		Length of stay in lb 8 mos. 10 das.	c. CITY OR TOWN Aurora,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 620 N. Elliott
3. NAME OF DECEASED (Type or print) James Robert Qualls			4. DATE OF DEATH March 18 1962
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 1880
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) Cattleman		10b. KIND OF BUSINESS OR INDUSTRY Raising cattle	11. BIRTHPLACE (City and state or country) Shellknob, Mo.
12. CITIZEN OF WHAT COUNTRY Amer.		13. FATHER'S NAME James R. Qualls	
14. MOTHER'S MAIDEN NAME Unknown		15. NAME OF HUSBAND OR WIFE Hattie V. Qualls	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		17. SOCIAL SECURITY NO. Unknown	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		19. INFORMANT Hospital Records, Nevada, Mo., Nevada, Mo.	
IMMEDIATE CAUSE (a) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days	
DUE TO (b) Arteriosclerotic Heart Disease		Years	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease and given in PART I (a) Chronic Brain Syndrome assoc. with Senile Brain Disease, with Psychotic Reaction		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	
20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	22. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
23. TIME OF INJURY Hour Month, Day, Year			
24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	26. CITY, TOWN, OR LOCATION COUNTY STATE	
27. Staff attended 8/27/61 to 3/18/62 and last saw her alive on 3/18/62			
28. Death occurred at 12:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
29. I viewed the remains <input checked="" type="checkbox"/>			
30. SIGNATURE (Of decedent or wife) E. Allen Vickery		31. ADDRESS	
32. DATE SIGNED 3/18/62			
33. BURIAL, CREMATION, REMOVAL (Specify)	34. DATE March 18, 1962	35. NAME OF CEMETERY OR CREMATORY Local	36. LOCATION (City, town, or county) (State) Aurora, Missouri
37. FUNERAL DIRECTOR March Funeral Home, Aurora, Missouri	38. ADDRESS	39. DATE RECD. BY LOCAL REG. 3-24-62	40. REGISTRAR'S SIGNATURE Anna E. Jerry

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

Ray E. Ince

Licensed Embalmer No. 5052

P. O. Address Nevada, 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.