

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-022429

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 82

FILED JUL 2 1962

VS 300 Rev. 4/59

6275
20275

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DATE/AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>625 WATER</u>		Length of stay in lb <u>40 yrs</u>	c. CITY OR TOWN <u>BOONVILLE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boonville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>625 Water</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED First Middle Last <u>Alberta Zarnobia Quint</u>			4. DATE OF DEATH Month Day Year <u>6 29 1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>NEGR</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 26 1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HWY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	9. AGE (last birthday) <u>50 yrs</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. FATHER'S NAME <u>Joe Jones</u>		11b. MOTHER'S MAIDEN NAME <u>Stella Banks</u>	11. BIRTHPLACE (City and state or country) <u>Goachie, Miss Mo U.S.A.</u>
13a. FATHER'S NAME		14. NAME OF HUSBAND, OR WIFE <u>JAKE Quint</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>JAKE Quint</u> Address <u>Boonville Mo 805 Water</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>Asthma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I <u>Diabetes</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ and last saw him alive on _____ Death occurred at <u>approx 4:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Mr Deedee Meyer MD - Coronar - Brunswick Mo</u>		22b. ADDRESS	22c. DATE SIGNED <u>6/26/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>6-28-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) <u>Boonville</u> (State) <u>Mo</u>
24. FUNERAL DIRECTOR <u>H. May</u> ADDRESS <u>814 Porter</u>		25. DATE RECD. BY LOCAL REG. <u>6/26/62</u>	26. REGISTRAR'S SIGNATURE <u>SD Hooper</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 HOLWELL T. MAY, Student Embalmer No. 667

working under my personal supervision.

Student Holwell T. May
Signature of Student Embalmer

Signed George R. Trammell

Licensed Embalmer No. 4425

P. O. Address Columbus, Ga

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.