

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24539**
Registrar's No. **162**

FILED JUL 21 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY HENRY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Clinton		c. LENGTH OF STAY (in this place) 3 yrs	c. CITY (If outside corporate limits, write RURAL and give OR TOWN) Clinton		d. STREET ADDRESS (If rural, give location) Elms Courts
d. FULL NAME OF HOSPITAL OR INSTITUTION Elms Courts					
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) MARSHAL c. (Last) QUIREY			4. DATE OF DEATH (Month) (Day) (Year) July 9 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 5 1888		9. AGE (in years last birthday) Months Days 64 8 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Motel Court		10b. KIND OF BUSINESS OR INDUSTRY Motel Court	11. BIRTHPLACE (City and State or Foreign Country) Henry county Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frank D Quirey		13b. MOTHER'S MAIDEN NAME ANNA WALKER		14. NAME OF HUSBAND OR WIFE Ethel Burton Quirey	
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. 1489-24-1755	17. INFORMANT'S SIGNATURE OR NAME Ethel Quirey Clinton Mo. ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease			INTERVAL BETWEEN ONSET AND DEATH 1 day		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis			1 yr		
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis			592X		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from 6-25 , 19 52 , to 7-9 , 19 53 , that I last saw the deceased alive on 7-6 , 19 53 , and that death occurred at 6:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) M.D. Walker			23b. ADDRESS Clinton Mo		23c. DATE SIGNED 7-9-53
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE July 12 1953	24c. NAME OF CEMETERY OR CREMATORY Englewood		24d. LOCATION (City, town, or county) (State) Clinton Mo.
DATE REC'D BY LOCAL REG. July 11-53		REGISTRAR'S SIGNATURE Florence Adams		5. FUNERAL DIRECTOR'S SIGNATURE EDWARD WILKINSON FUNERAL HOME ADDRESS Clinton Mo.	

JUL 22 1956

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
Student Embalmer

Signed F Lee Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.