

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8091

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>234-1A</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Springfield 3</u>)		c. LENGTH OF STAY (in this place) OR <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Strafford</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>904 East Chestnut</u>				d. STREET ADDRESS (If rural, give location) <u>No. street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bernard</u>			b. (Middle)			c. (Last) <u>Quick</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 10 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Feb 22, 1898</u>		9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Odd Jobs</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Jossie Ross</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Oma Rose, Strafford, Missouri</u>			
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) <u>Asphyxiation and 2nd and 3rd degree burns over entire body.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>burning of building.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>explosion of stove causing building to burn.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>50</u>	
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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield, Greene Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 10 1949 6PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>explosion of stove causing fire.</u>			
22. I hereby certify that I attended the deceased from <u>no physician in attendance</u> , that I last saw the deceased <u>dead on 3/10 1949</u> , and that death occurred at <u>6:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Handley 3</u>				23b. ADDRESS <u>409 Woodruff Bldg.</u>		23c. DATE SIGNED <u>3/11/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 12, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Yoacum Pond Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Reed Springs, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3/14/49</u>		REGISTRAR'S SIGNATURE <u>Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Lohmeyer Funeral Home, Springfield, Mo.</u>			

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

APR 10 1949

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.....

not embalmed

Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Bernard J. Wright*

Licensed Embalmer No. *4293*

P. O. Address *Springfield, Vt.*

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.