

FILED JUN 24 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

22378

State File No. ....

BIRTH NO. 365 REG. DIST. NO. 365 PRIMARY REG. DIST. NO. 6240 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Harmony</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Harmony</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>Near Palmer mo. P.O.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Palmer mo</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nettie</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Quick</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 1 1949</u>
-------------------------------------	--------------------------	-----------------------	------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 7 1907</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>24</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	--------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Annapolis mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
--	--	--	--

13a. FATHER'S NAME <u>Joseph Palmer</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Thomas</u>	14. NAME OF HUSBAND OR WIFE <u>Richard H. Quick</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Richard H. Quick</u>	ADDRESS <u>Palmer mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>0028</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <u>W. Cresswell</u>	23b. ADDRESS <u>Palmer Mo.</u>	23c. DATE SIGNED <u>6/4/49</u>
---	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Palmer Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo</u>
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. <u>6-18-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella D. White</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luther Spink</u>	ADDRESS <u>Palmer Mo.</u>
---	---	---	---------------------------

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

RECEIVED

District Health Officer No. 4  
District File Number 649-828  
Date Filed <sup>Rec'd</sup> 6-21-49

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 Murphy La Parks

Licensed Embalmer No. 4236

P. O. Address Flat River

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.