

No. 300
10.48

FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27241

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4247 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) Jasper		c. LENGTH OF STAY (in this place) 2 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Jasper		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Louise		b. (Middle)		c. (Last) Quade	
4. DATE OF DEATH Sept. 1, 1949		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 30, 1877		9. AGE (in years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Henry Buhrmann		13b. MOTHER'S MAIDEN NAME Christina Fredeking	
14. NAME OF HUSBAND OR WIFE Fred Quade		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.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Annie Simmons, Liberal, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) Anemias			
		DUE TO (c) Cerebral Hemorrhage			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) m.		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 <u>only at death</u> , 19 <u>49</u> , to _____, 19____, that I last saw the deceased alive on <u>8-15</u> , 19 <u>49</u> , and that death occurred at <u>9-2 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. H. Knott M.D. ()		23b. ADDRESS Jasper, Mo.		23c. DATE SIGNED 9-2-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-4-49		24c. NAME OF CEMETERY OR CREMATORY Evangelical	
24d. LOCATION (City, town, or county) (State) Stotts City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Marion Selvey		ADDRESS Sharp & Selvey, Jasper, Mo.	
DATE REC'D BY LOCAL REG. 9-6-1949		REGISTRAR'S SIGNATURE L. B. Clenton		139	

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

See 4-7-49 with Embalmer's Statement on Reverse Side

RECEIVED 9-12-49

Jasper County Health Office

County File Number 49-8-685

Date Filed 9-13-49

MAY 6 1950

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

Glen A. Gillbons

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Glen A. Gillbons*

Licensed Embalmer No. 4624

P. O. Address Jasper 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.