S. No. 300
v. 10-48

FILED JAN 23 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 3460

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 2

0971
1

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

**1. PLACE OF DEATH**
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater
c. LENGTH OF STAY (in this place): 84 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: ~~XI~~ Mo.
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater 0971
d. STREET ADDRESS (If rural, give location): main St. 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Susan
b. (Middle): ✓
c. (Last): Quisenberry

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 13-'51

**5. SEX**: female
**6. COLOR OR RACE**: white
**7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)**: single 0
**8. DATE OF BIRTH**: July, 25, 1866
**9. AGE** (In years last birthday): 84 — IF UNDER 1 YEAR: Months 5, Days 18 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): at home
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Saline County, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: U S

**13a. FATHER'S NAME**: Daniel Quisenberry
**13b. MOTHER'S MAIDEN NAME**: Mary A. Gwinn
**14. NAME OF HUSBAND OR WIFE**: ~~XXXXXX XXXXXX~~

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: no
**17. INFORMANT'S SIGNATURE OR NAME** — ADDRESS: Mrs. J. W. Jaques, Slater--Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Left hemiplegia
DUE TO (c): Hypertension — Years

II. 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 ☐ NO ☑

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan 6, 1951, *to* Jan 13, 1951, *that I last saw the deceased alive on* Jan 12, 1951, *and that death occurred at* 4:30 p. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): C. A. McBurney MD.
**23b. ADDRESS**: Slater Mo.
**23c. DATE SIGNED**: 1/16/51

**24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)**: Burial 0
**24b. DATE**: 1-15-1951
**24c. NAME OF CEMETERY ~~OR CREMATORY~~**: City Cemetery
**24d. LOCATION (~~City~~, town, ~~or county~~)** (State): Slater--Mo.

**DATE REC'D BY LOCAL REG.**: 1-16-'51
**REGISTRAR'S SIGNATURE**: Mrs. Earl C. Metz 292
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: Hill Brothers Slater Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-22-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 1-22-51

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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~~ _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Sam M Hill

Licensed Embalmer No. 1293

P. O. Address Slater 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.