.S. No. 300
EV. 10.48

0560
#1

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1913

State File No.

FILED FEB 15 1952

BIRTH NO. REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Belle
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Belle 0560
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Effie
b. (Middle): Maude
c. (Last): Quail

4. DATE OF DEATH (Month) (Day) (Year): January 25, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 4, 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 8, Days 21 — IF UNDER 24 HRS.: Hours, Min.

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): Bunkerhill, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Luckett
13b. MOTHER'S MAIDEN NAME: Nancy Hamilton
14. NAME OF HUSBAND OR WIFE: John H. Quail

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ——
(If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: ——
17. INFORMANT'S SIGNATURE OR NAME: John H. Quail
ADDRESS: La Belle, Missouri

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) Embolism — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hemorrhage of Lung — 1 hour

DUE TO (c)

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 25th, 1952 *to* Jan 25, 1952, *that I last saw the deceased alive on* Jan 25, 1952 *and that death occurred at* 3:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. V. Carter (Degree or title): D.O.
23b. ADDRESS: La Belle, Missouri
23c. DATE SIGNED: 1-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/27/52
24c. NAME OF CEMETERY OR CREMATORY: La Belle Cemetery
24d. LOCATION (City, town, or county) (State): La Belle, Missouri

DATE REC'D BY LOCAL REG.: 1-28-52
REGISTRAR'S SIGNATURE: P. W. Jennings M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: J. Alder Jr.
ADDRESS: La Belle, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Myself

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed J. A. Coder Jr.

Licensed Embalmer No. 4328

P. O. Address Labelle, 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.