

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37882

State File No.

FILED NOV 17 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 377

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| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u> | |
| c. LENGTH OF STAY (In this place) <u>23 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>813 W. 7th Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>813 W. 7th Street</u> | | e. STREET ADDRESS (If rural, give location) <u>813 W. 7th Street</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>Albert Levi Qualls</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13 1952</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Nov. 5, 1879</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Andrew Qualls</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Goodman</u> | 14. NAME OF HUSBAND OR WIFE <u>Ella Qualls</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C.H. Ross</u> | ADDRESS <u>Mexico Missouri</u> |
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| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Stomach</u> | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen. Atherosclerosis</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>151X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 9-9, 1952, to 11-3, 1952, that I last saw the deceased alive on 11-3, 1952, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Andrew S. Lanier, M.D.</u> | 23b. ADDRESS <u>Fulton Missouri</u> | 23c. DATE SIGNED <u>11-15-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 15/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Unity Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Calwood Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Nov. 15-1952</u> | REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupen Funeral Home</u> | ADDRESS <u>Fulton Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Larry A. Stewart

Licensed Embalmer No. 3722

P. O. Address Fulton Missouri

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.