No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13752

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5389 Registrar's No. 40

330
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bunker - Sinking Twp
c. LENGTH OF STAY (in this place): yr's
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): x

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dent
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bunker 0330
d. STREET ADDRESS (If rural, give location): x 0

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Thomas
c. (Last): Quick

4. DATE OF DEATH (Month) (Day) (Year): 4/17/53

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married /
8. DATE OF BIRTH: Sept 10/62
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: Timber
11. BIRTHPLACE (City and State or Foreign Country): Illinois /
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Wm Quick
13b. MOTHER'S MAIDEN NAME: Sarah Quick
14. NAME OF HUSBAND OR WIFE: Lou Quick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): x (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Lou Quick Bunker 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 Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 6 - 8 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility - general arteriosclerosis
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: 334X
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* 4-6, 1953, *to* 4-17, 1953, *that I last saw the deceased alive on* 4-6, 1953, *and that death occurred at* 3:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jas T McFord DD
23b. ADDRESS: Salem, Mo.
23c. DATE SIGNED: 4-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4/18/53
24c. NAME OF CEMETERY OR CREMATORY: Bunker Cem
24d. LOCATION (City, town, or county) (State): Bunker Mo

DATE REC'D BY LOCAL REG.: 4-18-53
REGISTRAR'S SIGNATURE: M. M. Hart M.D. by M.E.E.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Carl R. Spencer Salem 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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____ Signed _____

Student Embalmer

Not Embalmed

Licensed Embalmer No. _____

P. O. Address _____

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.