

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

**36360**

State File No. ....

No. 300  
10.48

**FILED OCT 26 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <b>Knox</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Knox</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Edina</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Edina</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gibson Hospital</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Marie</b>	b. (Middle) <b>Emma Queen</b>	c. (Last) <b>Thralls</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 19, 1953</b>
-------------------------------------	-------------------------	-------------------------------	--------------------------	---

5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Jan 19, 1911</b>	9. AGE (In years last birthday) <b>42</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
-----------------	---------------------------	---	--------------------------------------	---	------------------------	----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Restuarant work</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Knox County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
--	-----------------------------------	--	---

13a. FATHER'S NAME <b>John Frederick Queen</b>	13b. MOTHER'S MAIDEN NAME <b>Ida Boltz</b>	14. NAME OF HUSBAND OR WIFE <b>William E. Thralls</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>490-18-7244</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ruth Queen</b> ADDRESS <b>Edina, Missouri</b>
--	--	--

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>of sanguination (acute)</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ruptured Cerebral artery</b> <b>or massive hemorrhage</b> DUE TO (c) <b>Portal Cirrhosis unknown etiology</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>alcoholism - 10-15 years</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>5811 B</b>	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)	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 10-15-53, 1953, to 10-19-53, 1953, that I last saw the deceased alive on 10-19-53, 1953, and that death occurred at 4:20 A.m., from the causes and on the date stated above.

23a. SIGNATURE <b>William J. Freitas, D.O.</b> (Degree or title)	23b. ADDRESS <b>Gibson Hospital - Edina, Mo.</b>	23c. DATE SIGNED <b>10-20-53</b>
--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct 21, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Catholic cemetary</b>	24d. LOCATION (City, town, or county) (State) <b>Edina Missouri</b>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>Oct 21-53</b>	REGISTRAR'S SIGNATURE <b>Helle S. Hemolt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Al Gerner</b> ADDRESS <b>Edina, Mo</b>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

520

0520

DEC 1 1958  
DEC 1 1958

**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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina 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.