

FILED JUN 7 1954

STANDARD CERTIFICATE OF DEATH

State File No. **17054**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If not independent corporate limits, write RURAL and give township) Desloge		c. CITY OR TOWN Desloge	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) Life		e. STREET ADDRESS (If rural, give location) 403 N. Main 0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION 403 N. Main			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Lester c. (Last) Qualls			4. DATE OF DEATH (Month) May (Day) 28 (Year) 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 2, 1901	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Month 11 Days 26
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) Ret. Motorman		10b. KIND OF BUSINESS OR INDUSTRY St. Joe Lead Co.	11. BIRTHPLACE (City and State or Foreign Country) Desloge, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME George Qualls	13b. MOTHER'S MAIDEN NAME Katherine Weitzel	14. NAME OF HUSBAND OR WIFE Mildred Qualls
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Qualls Desloge, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 yrs -
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease		
	ANTECEDENT CAUSES A. Forbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443x	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) (Min.)	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 Sept, 1944, to May 28, 1954, that I last saw the deceased alive on May 27, 1954, and that death occurred at 5:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE J. L. Foster (Degree or title) M.D.	23b. ADDRESS Desloge Mo	23c. DATE SIGNED 6-1-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/1/54	24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery	24d. LOCATION (City, town, or county) (State) Farmington, Mo.
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DATE REC'D BY LOCAL REG. June 1, 1954	REGISTRAR'S SIGNATURE E. C. Riedeloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Z. Boyer & Son Desloge, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 16 1955

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.....
Signature of Student Embalmer

Signed *J. T. Boyer*.....

Licensed Embalmer No. *360*.....

P. O. Address *Merlay*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.