

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30061**

FILED SEP 20 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4114 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mendon</u>		c. CITY OR TOWN <u>Mendon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
f. STREET ADDRESS (If rural, give location) <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>CALVIN</u> c. (Last) <u>McQueen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 12-1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept 6-1865</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Elisha McQueen</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie McQueen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS MATTIE McQueen Mendon Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Anoxemia</u>		DUE TO (b) <u>Circulatory Collapse</u>		<u>22 minutes</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Generalized Lung Embolism</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auricular Fibrillation &amp; Complete Block.</u>					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>465 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (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 Aug. 31, 1954, to Sept 12, 1954, that I last saw the deceased alive on Sept 12, 1954, and that death occurred at 7:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. Burkston H.C.</u>		23b. ADDRESS <u>Mendon, Missouri</u>		23c. DATE SIGNED <u>Sept 13, 54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9/14/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McCullough</u>		24d. LOCATION (City, town, or county) (State) <u>Triplet Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Sept 14-54</u>		REGISTRAR'S SIGNATURE <u>Mildred Boni</u>		56-25 FUNERAL DIRECTOR'S SIGNATURE <u>A. S. Shepard</u>		ADDRESS <u>Mendon Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

