

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3023 State File No. 37165

BIRTH NO.		REG. DIST. NO. 131		PRIMARY REG. DIST. NO. 5503		Registrar's No. 62	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Clinton R F D 6		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital				e. STREET ADDRESS (If rural, give location) Bethlehem township 0420			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) ELIAS c. (Last) QUISENBERRY			4. DATE OF DEATH (Month) (Day) (Year) NOV. 6 1954				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 9 1878		9. AGE (In years last birthday) 76	10 UNDER 1 YEAR Days 7	11 UNDER 2 HRS. Hours Min. 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farmer		11. BIRTHPLACE (City and State or Foreign Country) Bowling Green Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joel Quisenberry		13b. MOTHER'S MAIDEN NAME Anna Jones		14. NAME OF HUSBAND OR WIFE Bessie Mae Quisenberry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bessie M Quisenberry Clinton Mo. RFD 6			
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) acute myocarditis INTERVAL BETWEEN ONSET AND DEATH 7 da ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Bronchitis & Asthma 6 yr 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 5021				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?			
22. I hereby certify that I attended the deceased from Jan, 1910, to 11-6, 1954, that I last saw the deceased alive on 11-6, 1954, and that death occurred at 10 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. S. Walker M.D.				23b. ADDRESS Clinton Mo		23c. DATE SIGNED 11-7-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Nov 8 1954	24c. NAME OF CEMETERY OR CREMATORY Bethlehem		24d. LOCATION (City, town, or county) (State) Henry County Mo.		
DATE REC'D BY LOCAL REG Nov-11-54		REGISTRAR'S SIGNATURE Florence Adair		422 GENERAL DIRECTOR'S SIGNATURE WILKINSON FUNERAL HOME		ADDRESS Clinton Mo	

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Signature of Student Embalmer

Signed F. L. Schaberg

Licensed Embalmer No. 45

P. O. Address Clinton

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.