

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12519**

FILED MAY 2 1955

BIRTH NO. _____		REG. DIST. NO. <u>176</u>		PRIMARY REG. DIST. NO. <u>5661</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Lawrence</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Everton R.F.D.</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Lawrence</u>	
c. LENGTH OF STAY (in this place) <u>Native</u>		c. CITY OR TOWN <u>Everton</u>		d. Is Residence within limits of a city or incorporated town? <u>Yes</u> No <u>X</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Residence</u>				No. STREET ADDRESS (If rural, give location) <u>R.F.D. #1</u> <u>0550</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Ernest</u>		c. (Last) <u>Quark</u>	
4. DATE OF DEATH		(Month) <u>4</u>		(Day) <u>10</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-20-1884</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>11</u>		IF UNDER 1 YEAR Days <u>21</u>		IF UNDER 1 YEAR Hours <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co. O</u>		12. CITIZEN OF WHAT COUNTRY? <u>Native</u>	
13a. FATHER'S NAME <u>W.J. Quark</u>		13b. MOTHER'S MAIDEN NAME <u>Margarette Ferrall</u>		14. NAME OF HUSBAND-OR WIFE <u>Blanche Quark</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-40-8069</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Blanche Quark</u> ADDRESS <u>Everton 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>CIRCULATORY COLLAPSE</u>					
		ANTECEDENT CAUSES DUE TO (b) <u>Coronary Arteriosclerosis</u>					
		DUE TO (c) <u>Arterio Sclerosis</u>					
		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				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) m.		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 <u>12/10</u> , 19 <u>50</u> , to <u>4/10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/10</u> , 19 <u>55</u> , and that death occurred at <u>5:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A.F. Stayer</u> (Degree or title) <u>2 Do.</u>				23b. ADDRESS <u>Rob. Grace Mo.</u>		23c. DATE SIGNED <u>4-11-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-12-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>N.E. of Miller Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-20-55</u>		REGISTRAR'S SIGNATURE <u>W.S. Burnett</u> <u>158</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris - Herman Miller Mo.</u> ADDRESS			

(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..... *S. B. Lemon* .....

Licensed Embalmer No. *3297*

P. O. Address *Miller* .....

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.