

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No.

No. 300
10.48

BIRTH NO. REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. CITY OR TOWN R.F.D.#2, Verona, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 Wk.		e. STREET ADDRESS (If rural, give location) Rural, 7 Miles N.E. Monett, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Vincent Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) MARGARET	b. (Middle) MARIE	c. (Last) QUADE	4. DATE OF DEATH (Month) (Day) (Year) May, 8, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 21, 1916	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months 5 Days 17	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Hoberg, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Benjamin Fritz	13b. MOTHER'S MAIDEN NAME Gertrude Knaust	14. NAME OF HUSBAND OR WIFE F. R. Quade
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mr. F. R. Quade	ADDRESS Verona, Missouri
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Maxillary gastric-intestinal hemorrhage		INTERVAL BETWEEN DEATH AND DEATH May 4, '55
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholerae, severe		9 years
	DUE TO (c)		TO 1946
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			585 X

19a. DATE OF OPERATION 12-3-54	19b. MAJOR FINDINGS OF OPERATION Hypot. w/ly. spleno w/ly. Stone in capsule	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Oct 30**, 19**46**, to **May 8**, 19**55**, that I last saw the deceased alive on **May 7**, 19**55**, and that death occurred at **6:55 A.** m., from the causes and on the date stated above.

23a. SIGNATURE Robert R. Jolley M.D.	23b. ADDRESS Monett, Mo.	23c. DATE SIGNED May 9 '55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/10/55	24c. NAME OF CEMETERY OR CREMATORY Freistatt Cemetery	24d. LOCATION (City, town, or county) (State) Lawrence County, Mo.
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DATE REC'D BY LOCAL REG. 5-10-55	REGISTRAR'S SIGNATURE Mrs. P. N. Cook	25. FUNERAL DIRECTOR'S SIGNATURE J. H. Buchanan	ADDRESS Monett, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 555-242

DATE REC. 5-18-55

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. D. Buchanan
Licensed Embalmer No. 317

P. O. Address Monett

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.