

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36635**

FILED DEC 7 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY OR TOWN <u>Mt. Moriah,</u>	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)		e. STREET ADDRESS (If rural, give location) <u>047</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lenora</u>	b. (Middle) <u>---</u>	c. (Last) <u>McQuerry</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 12 1955</u>
-------------------------------------	--------------------------	------------------------	---------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 25 1886</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	-------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>Mercer Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	---	--	--

13a. FATHER'S NAME <u>John W. Groves</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah A. Ellsworth</u>	14. NAME OF HUSBAND OR WIFE <u>John Sherman McQuerry</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Sherman McQuerry, Mt. Moriah, Mo.</u>
--	-------------------------------------	---

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute mesenteric Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>57021</u>		

19a. DATE OF OPERATION <u>11/11/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Acute mesenteric Thrombosis</u>	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 Nov 10, 1955, to Nov 12, 1955, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Oliver F. Duffy M. D.</u>	23b. ADDRESS <u>Trenton, Missouri.</u>	23c. DATE SIGNED <u>11/13/55</u>
---	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 14, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hamilton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mill Grove, Missouri.</u>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>11-14-55</u>	REGISTRAR'S SIGNATURE <u>J. H. Fair</u>	25. PUBLIC HEALTH DIRECTOR'S SIGNATURE ADDRESS <u>Cainsville, Mo.</u>
--	---	---

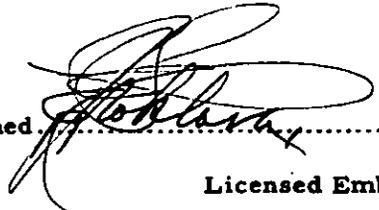
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, *qt/vj/*..... **Eddie J. Stoklasa**....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....



Licensed Embalmer No... 3602

P. O. Address Cainsville,

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.