

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33740

STATE FILE NUMBER

FILED OCT 17 1956

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 141

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Grundy</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Trenton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>711 E. 9th St</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>711 E. 9th St.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>M</u> Last <u>Quisito</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>2</u> Year <u>1956</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 6, 1906</u>	9. AGE (In years last birthday) <u>49</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>Physician</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u>		11. BIRTHPLACE (City and state or country) <u>Trenton New Jersey</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Ralph Quisito</u>				14. MOTHER'S MAIDEN NAME <u>Rose O'Leary</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.II</u>		16. SOCIAL SECURITY NO. <u>269-20-846</u>		17. INFORMANT Name <u>Mrs. Essie Quisito</u> Address <u>Trenton, MO</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute Coronary Thrombosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Diabetes Mel.</u>					DUE TO (c) _____	12 1/3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>260X</u>					
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <u>Oct 2</u> to <u>Oct 2</u> and last saw ^{her} / _{him} alive on <u>Oct 2</u> . Death occurred at <u>2:00 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>E. A. Duffy M.D.</u>				22b. ADDRESS <u>Trenton Mo</u>		22c. DATE SIGNED <u>Oct 2</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Oct 4, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <u>Trenton New Jersey</u>			
24. FUNERAL DIRECTOR <u>J. Gordon Blackmore</u>				25. DATE RECD. BY LOCAL REG. <u>MO. 10-3-56</u>		26. REGISTRAR'S SIGNATURE <u>Helen Fair</u>		

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Dr. E.A. Duffy -

(Licensed Embalmer's Statement on Reverse Side)

3361 22 100

NOV 14 1953

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 *Harold Roberts*

Licensed Embalmer No. *492*

P. O. Address *Inton, Va*

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.