

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40072

State File No.

BIRTH NO.		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>5493</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</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>Rural Fox Creek</u>			c. LENGTH OF STAY (in this place) <u>7 Weeks</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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 miles East of Bethany, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>0410</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Sherman</u>		c. (Last) <u>McQuerry</u>	
4. DATE OF DEATH		(Month) <u>November</u>		(Day) <u>18,</u>		(Year) <u>1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>January 29 1888</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <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>General Farming</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison Twp. Mercer Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>John Harvey McQuerry</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Gibson</u>		14. NAME OF HUSBAND OR WIFE <u>Lenora McQuerry (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Claudie McQuerry</u> ADDRESS <u>RFD Bethany, Missouri</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>Leucanoma of prostate</u>		ANTECEDENT CAUSES					<u>2 yrs</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>epitheliomas around nose</u>					
		DUE TO (c) <u>and lips disappared with X-ray</u>					<u>3 yrs ago</u>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					<u> </u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>191X</u>					20. AUTOPSY? <u>2</u> 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 <u>11.54</u> , 19 <u>57</u> , to <u>Nov. 18</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Nov 18</u> , 19 <u>57</u> , and that death occurred at <u>5:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C. M. Impact</u>			23b. ADDRESS <u>Bethany, Missouri.</u>		23c. DATE SIGNED <u>11/21/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 21, 1957.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hamilton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>RFD Mill Grove Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-25-57</u>		REGISTRAR'S SIGNATURE <u>Bella Mayes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Cainsville, Mo.</u>			

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

347

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, 6/1/58 Eddie J. Stoklasa Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3602

P. O. Address Gainsville, Mo.

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.