

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1957

45496  
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 391

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Francis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonnetere</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>Bonnetere Health 20 min.</u> Length of stay in <input type="checkbox"/> b Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission). a. STATE <u>Missouri</u> COUNTY <u>St. Francis</u> c. CITY OR TOWN <u>Perry Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1 mi W. Bonnetere</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Henry</u> Middle <u>McCoy</u> Last <u>Queen</u>			<b>4. DATE OF DEATH</b> Month <u>Nov.</u> Day <u>25</u> Year <u>1957</u>		
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Jan. 8 1903</u>	<b>9. AGE</b> (In years last birthday) <u>54</u>	<b>IF UNDER 1 YEAR</b> Month <u>10</u> Day <u>17</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Miner</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Washington Co. Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		
<b>13. FATHER'S NAME</b> <u>John Queen</u>			<b>14. MOTHER'S MAIDEN NAME</b> <u>Elsie Gibson</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT</b> Address <u>Lucy Queen Bonnetere Mo.</u>		
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Infarction myocardium</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic coronary thrombosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) _____					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.) <u>4201</u>		
<b>20c. TIME OF INJURY</b> Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>20f. CITY, TOWN, OR LOCATION</b> _____	<b>COUNTY</b> _____	<b>STATE</b> _____	
<b>21. I attended the deceased from</b> <u>7/10/56</u> to <u>11/25/57</u> and last saw <sup>him/her</sup> <u>him</u> alive on <u>11/25/57</u> Death occurred at <u>7:50 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <u>Edith Miller M.D.</u>			<b>22b. ADDRESS</b> <u>Bonne Terre, Mo.</u>		<b>22c. DATE SIGNED</b> <u>12-4-57</u>
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>11-28-57</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Wright Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Washington Co. Mo.</u>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Mr. Luther Sparks, Patton Mo.</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>Dec. 4, 1957</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Esther Rudloff</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DEC 31 1957

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 *Marjorie Spinks*

Licensed Embalmer No. *4258*

P. O. Address *St. Louis, 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.