

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008856

STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 34 Primary Registration District No. 5117 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone 0100</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cedar</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Hartsburg</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mi. north Hartsburg</u>				Length of stay in lb <u>Life</u>		d. STREET (If outside, give location) ADDRESS <u>2 mi. north Hartsburg</u>		
3. NAME OF DECEASED (Type or print) <u>Sarah</u>		First <u>Allen</u>		Middle <u>Quisenberry</u>		Last		
4. DATE OF DEATH <u>April 3 1958</u>		Month <u>April</u>		Day <u>3</u>		Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>February 19 1883</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>14</u> Hours <u></u> Min. <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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Hartsburg Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Thomas Quisenberry</u>				14. MOTHER'S MAIDEN NAME <u>Louise Shouse</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>////////</u>		17. INFORMANT <u>Ellazene Tremaine Hartsburg Mo.</u>		Address		
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>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>Atherosclerosis</u>							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>							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>0</u>					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)						
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from <u>March 1954</u> to <u>April 1958</u> and last saw her ^{her} alive on <u>March 31/1958</u> Death occurred at <u>2:00</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>James E. Stefan D.O. 2</u>				22b. ADDRESS <u>Ashland, Mo.</u>		22c. DATE SIGNED <u>4-3-58</u>		
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 5 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bonds Chapel Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Hartsburg, Mo.</u>				
24. FUNERAL DIRECTOR <u>Wm C. Burnett</u>			ADDRESS <u>Ashland, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>April 4, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Mildred Burnett</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Doctor, coroner, etc. must use only black ink.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 15 1958

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 *Wth C. Burnett*.....

Licensed Embalmer No. *35*.....

P. O. Address *Ashtab*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.