

THE DIVISION OF HEALTH OF MISSOURI 54113-68
STANDARD CERTIFICATE OF DEATH

58-028119
State File No.

FILED AUG 28 1958

BIRTH MO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>BARRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY OR TOWN <u>MONETT</u> <small>If outside corporate limits, write RURAL and give township</small>		c. CITY OR TOWN <u>VERONA</u> <small>If outside corporate limits, write RURAL and give township</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vincent's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>Ray</u> c. (Last) <u>Quade</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-25-58</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>7-24-58</u>
9. AGE (In years last birthday)	10. CITIZEN OF WHAT COUNTRY? <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Ferdinand Quade</u>	13b. MOTHER'S MAIDEN NAME <u>Lucille E. Lissel</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Ferdinand Quade</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ferdinand Quade</u> ADDRESS <u>Verona, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</small>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>	DUE TO (b) <u>Leading from myocardial infarction</u>	
ANTECEDENT CAUSES <small>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</small>	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <small>Conditions contributing to the death but not related to the disease or condition causing death.</small>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>7615</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 July 24, 1958, to July 25, 1958, that I last saw the deceased alive on July 24, 1958, and that death occurred at 2:43 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>John P. Dooly M.D.</u> (Degree or title)	23b. ADDRESS <u>Verona, Mo.</u>	23c. DATE SIGNED <u>7-25-58</u>
24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE <u>7-25-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Verona</u>
24d. LOCATION (City, town, or county) (State) <u>Verona, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>8-20-58</u>	REGISTRAR'S SIGNATURE <u>Mrs. P. N. Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. D. Buckner</u> ADDRESS <u>Verona, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.**

NO. 858-173

DATE REC. 8-25-58

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.