

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025809

FILED VS AUG 5 1959

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 85 STATE FILE NUMBER

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)																			
a. COUNTY <u>Lawrence</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon</u>		Length of stay in 1b <u>5 days</u>		c. CITY OR TOWN <u>Cassville</u>																	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>																	
3. NAME OF DECEASED (Type or print)			First			Middle			Last			4. DATE OF DEATH			Month			Day			Year		
<u>Ralph</u>			<u>Sidney</u>			<u>Quick</u>						<u>July 27, 1959</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-16-98</u>		9. AGE (last birthday) <u>61</u>		IF UNDER 1 YEAR		IF UNDER 24 HR											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming - Pool Hall Operator</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Arkansas</u>				11. BIRTHPLACE (City and state or country) <u>USA</u>				12. CITIZEN OF WHAT COUNTRY <u>USA</u>											
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Etries Quick</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>Unknown</u>				17. INFORMANT <u>San.records, Mo. State San., Mt. Vernon, Mo.</u>				Address											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:												INTERVAL BETWEEN ONSET AND DEATH											
IMMEDIATE CAUSE (a) <u>Thromboembolism, right lung</u>																							
DUE TO (b) <u>Myocardial infarction, massive, anteroseptal</u>																							
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>																							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I, (a)												PART III. If deceased was female was there a pregnancy in last 90 days.											
<u>Empyema, right lung; Chronic passive congestion, visceral</u>												<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)																			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year																					
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>7-22-59</u> , to <u>7-27-59</u> and last saw <sup>XXX</sup> him alive on <u>7-27-59</u> Death occurred at <u>12:50 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.																							
22a. SIGNATURE <u>J. Lewis Yates, MD</u>						22b. ADDRESS <u>Mt. Vernon, Missouri</u>						22c. DATE SIGNED <u>7-28-59</u>											
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7-27-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pennsboro Cemetery</u>		23d. LOCATION (City, town, or county) <u>Pennsboro, Mo.</u>																	
24. FUNERAL DIRECTOR <u>Max F. Fossett</u>				ADDRESS <u>Mt. Vernon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-28-59</u>		26. REGISTRAR'S SIGNATURE <u>Orvil Hendricks</u>															

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 17 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed May L. Fossett

Licensed Embalmer No. 4252

P. O. Address MWernor

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.