

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>BARRY</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stella</u>		Length of stay in 1b <u>8 DAYS</u>	c. CITY OR TOWN <u>WHEATON</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>CARDWELL-MEMORIAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>SILAS</u> Last <u>McQueen</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>5-</u> Year <u>1960</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>APRIL-30-77</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days Hours Min.
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	11. BIRTHPLACE (City and state or country) <u>Lec County VA.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>
13a. FATHER'S NAME <u>JAMES E. McQueen</u>		13b. MOTHER'S MAIDEN NAME <u>MARY GILBERT</u>		14. NAME OF HUSBAND OR WIFE <u>FLORENCE McQueen</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.		17. INFORMANT <u>B.D. McQueen, wheaton, mo.</u>	

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>Cerebral anoxia</u>				<u>10 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				
DUE TO (b) <u>myocardial insufficiency</u>			<u>36 hrs.</u>	
DUE TO (c) <u>Cerebral embolus c coma + left hemiplegia</u>			<u>36 hrs.</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cardiac decompensation c Bundle branch block</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
20c. TIME OF INJURY Hour Month, Day, Year p.m.		

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 <u>Wheaton, Mo.</u>	COUNTY <u>Barry</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>5/14/54</u> to <u>6/5/60</u> and last saw <u>him</u> alive on <u>6/5/60</u> Death occurred at <u>12:24 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Fred R. Clark D.O.</u>		22b. ADDRESS <u>Box 88, Wheaton, Mo.</u>	22c. DATE SIGNED <u>6/6/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June-8-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Munciey Chappel</u>	23d. LOCATION (City, town, or county) (State) <u>Barry County Missouri</u>
24. FUNERAL DIRECTOR <u>McQueen Funeral Home, wheaton mo.</u>	ADDRESS	DATE RECD. BY LOCAL REG. <u>6-10-60</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Moherly</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Paul D. Hembest

Licensed Embalmer No. 45-76

P. O. Address Cassville, 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.