

No. 300
10.48

FILED SEP 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27769

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 291

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	<u>0804</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hospital Cafe</u>		d. STREET ADDRESS (If rural, give location) <u>1106 W. 4th</u>	

3. NAME OF DECEASED (Type or Print), <u>CATHERINE AGNES QUIN</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug 28-1898</u>	9. AGE (In years) (last birthday) (Months) (Days) (Hours) (Min.) <u>52 01 6</u>
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Int. Sec.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Director</u>	11. BIRTHPLACE (State or foreign country) <u>Sedalia Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Thomas Quin</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Curran</u>	14. NAME OF HUSBAND OR WIFE
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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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs C. J. Krouper</u>	ADDRESS <u>St Louis Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>		<u>Five months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>1201</u>		<u>15 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ulcer - Atheros - Advanced</u>		<u>10 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Medical only.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 15 years, to Sept 3, 1950, that I last saw the deceased alive on Sept 3, 1950, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. B. Carline</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Sedalia Mo</u>	23c. DATE SIGNED <u>9-6-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-6-50</u>	REGISTRAR'S SIGNATURE <u>A. Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Laughlin Bros</u>	ADDRESS <u>Sedalia</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1803

MAY 26 1961

RECEIVED 9/11/57
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9/11/57

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
Student Embalmer

Signed AP McEary

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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 this body is not embalmed, fact should be so stated above.