

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17124**

FILED MAY 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **555**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b> <i>0117</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clinton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cameron</b> <i>0251</i>	
c. LENGTH OF STAY (in this place) <b>2 WKS.</b>		d. STREET ADDRESS (If rural, give location) <b>W. 3rd St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>MAURICE</b>		a. (First)		b. (Middle)		c. (Last) <b>McQUINN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 24, 1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>Sept 8, 1871</b>		9. AGE (in years last birthday) <b>81</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>County Carey, Ireland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Bartholnew McQuinn</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Sullivan</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>B. V. McQuinn, Cameron, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Carcinoma of Mouth-buccal Mucosa</b>		<b>3 yrs.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <b>Arteriosclerosis</b>		<b>25 yrs.</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>144X</b>		20. AUTOPSY? 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)	
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 **June 25, 1948**, to **April 24, 1953**, that I last saw the deceased alive on **April 24, 1953** and that death occurred at **9:30A** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph L. Fisher M.D.</i>		(Degree or title)		23b. ADDRESS <b>824 Edmond St., City</b>		23c. DATE SIGNED <b>5-9-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Apr 27, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Plattsburg, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>May 15, 1953</b>		REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Ball Moss CRUNK</i>		ADDRESS <b>Cameron Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 *De Mrs. Clark*

Licensed Embalmer No. *2533*

P. O. Address *Canon 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.