

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12702

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 5043		Registrar's No. 122	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission). a. STATE Illinois			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Hull		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital				e. STREET ADDRESS (If rural, give location) RFD # 1 8128			
3. NAME OF DECEASED (Type or Print) a. (First) Sophia b. (Middle) Quintemeyer c. (Last)			4. DATE OF DEATH April 21, 1954				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH November 1, 1899	
9. AGE (In years last birthday) 54		10. IF UNDER 1 YEAR Months 5		11. IF UNDER 24 HRS. Days 20		12. IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and State or Foreign Country) Avis County Illinois		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME John Quintemeyer		13b. MOTHER'S MAIDEN NAME Laura Lee Sauer		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John Quintemeyer Hill Illinois ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION Jan - 1954		19b. MAJOR FINDINGS OF OPERATION Carcinoma - @ metastatic 175x				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) m.		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 Jan 1954, to Apr 21, 1954, that I last saw the deceased alive on Apr 21, 1954 and that death occurred at 8:00P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS [Address]		23c. DATE SIGNED 4-26-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/24/54		24c. NAME OF CEMETERY OR CREMATORY Bluff Hall		24d. LOCATION (City, town, or county) (State) Fall Creek Township Illinois	
DATE REC'D BY LOCAL REG. 4/27/54		REGISTRAR'S SIGNATURE [Signature]		3. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Hannibal Missouri	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 26 1964  
MARION CO. HEALTH DEPT.  
DATE FILED APR 26 1964

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.....  
Signature of Student Embalmer

Signed *John S. Hard*.....  
Licensed Embalmer No. 4540...  
P. O. Address Hannibal, Miss.

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.