

FILED AUG 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26998

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 244

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>HANNIBAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HAZELWOOD</u>	
c. LENGTH OF STAY (In this place) <u>24 HRS</u>		d. STREET ADDRESS (If rural, give location) <u>Hi-Way 140 & Taylor Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hosp</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Willis</u>	b. (Middle)	c. (Last) <u>Quinn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-7-55</u>
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5. SEX <u>M-O</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-4-1913</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>4</u> Min. <u>45</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Kindness Specialist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Stix-Baer-Fuller</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Arthur J. Quinn</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Durbin</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Quinn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy Quinn Ducklin</u>	ADDRESS <u>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
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Inoperant Pendency</u> DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi Way 36</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MONROE CITY, MONROE, MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-5-1955 12:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>AUTOMOBILE ACCIDENT</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Typed or title) <u>W M Adkins, Coroner</u>	23b. ADDRESS <u>Hannibal Mo</u>	23c. DATE SIGNED <u>8-16-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-10-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Michael</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo</u>
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DATE REC'D BY LOCAL REG. <u>8/17/55</u>	REGISTRAR'S SIGNATURE <u>W E M Lucka</u>	199-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>M McLaughlin</u>	ADDRESS <u>Hannibal Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MARION CO. HEALTH DEPT
DATE FILED

AUG 23 1955

AUG 23 1955

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.
Signed: *[Handwritten Signature]*

Licensed Embalmer No. *4217*

P. O. Address *[Handwritten Address]*

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.