

FILED MAY 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12209**

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 115	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (in this place) 7 weeks		c. CITY OR TOWN Green Castle		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Kirksville Osteopathic Hospital				e. STREET ADDRESS (If rural, give location) No street address 1059			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Edmund		c. (Last) QUIGLEY		4. DATE OF DEATH (Month) (Day) (Year) 4 21 56	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH May 17, 1933	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock buyer		10b. KIND OF BUSINESS OR INDUSTRY Livestock		11. BIRTHPLACE (City and State or Foreign Country) Green Castle, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William E. Quigley		13b. MOTHER'S MAIDEN NAME Mary M. Beall		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Don't know		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. G. E. Guiles, Green Castle, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebric ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic pulmonary infiltration DUE TO (c) (Probable) Carcinoma of lung II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 Months UNK	
19a. DATE OF OPERATION Mar 10 1956		19b. MAJOR FINDINGS OF OPERATION None Significant				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) 163x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 March 1, 1956 to April 21, 1956 , that I last saw the deceased alive on April 21, 1956 , and that death occurred at 9:25 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert L. Keller, M.D.				23b. ADDRESS P.O. Box, Kirksville, Mo.		23c. DATE SIGNED April 23 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 24, 1956		24c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery		24d. LOCATION (City, town, or county) (State) Green Castle, Mo.	
DATE REC'D BY LOCAL REG. 4-26-56		REGISTRAR'S SIGNATURE Walter Sammler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Kent & Son, Green City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *Karl R. Kent*

Licensed Embalmer No. *46*.....

P. O. Address *Green Ci*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.