

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28798
Registrar's No. 34

FILED SEP 12 1957

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5760

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE Missouri b. COUNTY Marion	
b. CITY OR TOWN Taylor		c. CITY OR TOWN Taylor	
c. LENGTH OF STAY (in this place) 9 months		d. STREET ADDRESS (If rural, give location) 0640	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. CITY (If outside corporate limits, write RURAL and give township)	

3. NAME OF DECEASED a. (First) Clay (Type or Print)	b. (Middle) Eldon	c. (Last) Quincy	4. DATE OF DEATH (Month) (Day) (Year) September 2, 1957
--	--------------------------	-------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 26, 1911	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	--	---	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service station	10b. KIND OF BUSINESS OR INDUSTRY Gasoline & Oil	11. BIRTHPLACE (State or foreign country) Chambersburg, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
--	---	---	--

13a. FATHER'S NAME Albert Quincy	13b. MOTHER'S MAIDEN NAME Ida Fahnestock	14. NAME OF HUSBAND OR WIFE Dorothy Quincy
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 356-12-4975	17. INFORMANT'S SIGNATURE OR NAME Larry Miller ADDRESS 1020 Washington St. Quincy, Illinois.
---	--	--

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) Shotgun wound of head		INTERVAL BETWEEN ONSET AND DEATH 1 hr
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Taylor Marion Mo
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 2 57 5p.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Shot self with 12 gauge shot gun
---	---	--

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 **6 p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry H. Sweet, Jr., M.D. Coroner	23b. ADDRESS Hannibal, Mo	23c. DATE SIGNED 9/3/57
---	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Sept. 5, 1957	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Greenmount	24d. LOCATION (City, town, or county) (State) Quincy, Illinois.
--	-----------	--	--

DATE REC'D BY LOCAL REG. 9-3-57	REGISTRAR'S SIGNATURE By G. A. ...	25. FUNERAL DIRECTOR'S SIGNATURE ... ADDRESS Monroe City, Mo.
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
1-2-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100

RECEIVED SEP 11 1957

MARION CO. HEALTH DEPT.

DATE FILED SEP 11 1957

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.

Signed

Harold Turner

Signed.....

Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe City 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. CONFIDENTIAL