

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1957

36722

STATE FILE NUMBER

Registration District No. 230 Primary Registration District No. 4344 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>McKittrick, Mo. Loutre</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>UNION</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b		d. STREET ADDRESS <b>19 N. OAK ST.</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>IVY</b> Last <b>QUILLEN</b>		4. DATE OF DEATH Month <b>OCT.</b> Day <b>16,</b> Year <b>1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC. 26, 1927</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCK DRIVER</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>TRUCK DRIVER</b>	9c. BIRTHPLACE (City and state or country) <b>UNION, MO.</b>
10. FATHER'S NAME <b>LOWARN QUILLEN</b>		11. MOTHER'S MAIDEN NAME <b>HAZEL MATNEY</b>	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WORLD WAR # 2</b>		13. SOCIAL SECURITY NO. <b>496-28-5815</b>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crusher In truck wreck, and burnt up/</b>		15. INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		16. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
17a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	17b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Crushed to death in truck wreck and burnt after</b>		
18c. TIME OF INJURY Hour <b>1.30</b> a. m. _____ p. m. <b>10-16-57</b>	18d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Driving Truck</b>		
19a. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	19b. CITY, TOWN, OR LOCATION <b>McKittrick, Montgomery, Mo.</b>		
20. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <b>F. J. Ball</b> (Degree or title) <b>Coroner.</b>		21b. ADDRESS <b>Jonesburg, Mo.</b>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		22b. DATE SIGNED <b>10-16-57</b>	
23a. DATE <b>10-19-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>IMMACULATE CONCEPTION</b>		23d. LOCATION (City, town, or county) (State) <b>UNION, MO.</b>
24. FUNERAL DIRECTOR <b>E. J. Oltmann</b> ADDRESS <b>UNION, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct. 18-1957.</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Eunice Bush</b>	

OCT 28 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..

Student ..... Signed *Ernest P. Dittmann*  
Signature of Student Embalmer

Licensed Embalmer No. 405

P. O. Address *Union, I.*

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