

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006819  
STATE FILE NUMBER

FILED MAR 3 - 1958

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 40

Health, Welfare  
Public  
Service

800  
-56

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>RANDOLPH</u>				a. STATE <u>MISSOURI</u> b. COUNTY <u>RANDOLPH</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MOBERLY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MOBERLY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COMMUNITY MEM.</u>		Length of stay in 1b <u>Life</u>		d. STREET ADDRESS <u>818 STURGEON</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>DONNA</u> Middle <u>DARLENE</u> Last <u>QUINLIN</u>				Month <u>FEB.</u> Day <u>15,</u> Year <u>1958</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>8-30-1953</u>	
9. AGE (In years last birthday) <u>4</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MOBERLY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>EDWIN LEROY QUINLIN</u>	
14. MOTHER'S MAIDEN NAME <u>JOANITA LAWRENCE</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>E. L. QUINLIN MOBERLY</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Septic</u> DUE TO (b) <u>Bronchopneumonia</u> DUE TO (c) <u>  </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>6 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>491X</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>  </u> Month <u>  </u> , Day <u>  </u> , Year <u>  </u> a. m. <u>  </u> p. m. <u>  </u>			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>MOBERLY,</u>			COUNTY <u>  </u> STATE <u>  </u>		
21. I attended the deceased from <u>2-9-58</u> to <u>2-10-58</u> and last saw her alive on <u>2-16-58</u> Death occurred at <u>8:00 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. H. McCowan D.O.</u>				22b. ADDRESS <u>800 1/2 Reed St. Moberly, Mo.</u>		22c. DATE SIGNED <u>2-16-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>2-17-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY'S</u>		23d. LOCATION (City, town, county) (State) <u>MOBERLY, MO.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>MANAN FUNERAL SERVICE - MOBERLY</u>				25. DATE RECD. BY LOCAL REG. <u>2-17-58</u>		26. REGISTRAR'S SIGNATURE <u>Paul H. Lowe</u>	

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John A. Green*.....

Licensed Embalmer No. *38*

P. O. Address *Mohanty*

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.