

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010006

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 49

VS 300  
Rev. 4/59

1 0970

2 20490

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4 0

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9 4201

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12 93-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED MAR 4 1963</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Saline</b>		b. CITY (if outside corporate limits, give TOWNSHIP only) <b>Marshall</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <b>Marshall</b>		Length of stay in 1b <b>19 yrs.</b>		c. CITY OR TOWN <b>Jonlin</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <b>Marshall State School &amp; Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location). <b>----</b>	
3. NAME OF DECEASED (Type or print) First <b>Chester</b> Middle <b>John</b> Last <b>Quillin</b>			4. DATE OF DEATH Month <b>3</b> Day <b>2</b> Year <b>1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-26-1925</b>	9. AGE (last birthday) <b>37 yrs.</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Patient</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>		11. BIRTHPLACE (City and state or country) <b>Jonlin, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Clarence Chester Quillin</b>		13b. MOTHER'S MAIDEN NAME <b>Lena John</b>	
14. NAME OF HUSBAND OR WIFE <b>----</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			
16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>Records of Marshall State School and Hosp., Marshall, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause plus PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Mongolism</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 <b>8:50</b> Month, Day, Year <b>Nov. 7, 1962</b>		20d. INJURY OCCURRED WHILE AT WORK <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.) <b>Marshall State School &amp; Hosp., Marshall, Mo.</b>		20f. CITY, TOWN, OR LOCATION <b>Marshall, Mo.</b>			
20g. COUNTY <b>Saline</b>		20h. STATE <b>Missouri</b>			
21. I attended the deceased from <b>Nov. 7, 1962</b> to <b>3-2-1963</b> and last saw him alive on <b>3-2-63</b> Death occurred at <b>8:50</b> a. <b>m</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Cecil L. Watson, M.D.</b>			22b. ADDRESS <b>Marshall State School &amp; Hosp., Marshall, Mo.</b>		22c. DATE SIGNED <b>3-2-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>March 2, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OZARK Memorial Park</b>		23d. LOCATION (City, town, or county) <b>Jonlin Mo.</b>
24. FUNERAL DIRECTOR <b>Campbell-Lewis</b>		ADDRESS <b>Marshall Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar. 2-63</b>	26. REGISTRAR'S SIGNATURE <b>Cecil L. Read</b>

USE BLACK INK OR TYPEWRITER RIBBON

**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,

by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R.W. Campbell Jr.

Licensed Embalmer No. 346 P

P. O. Address Marshall, Miss.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.