S. No. 2
M—1/47
v. 5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42688

FILED DEC 26 1947

Registration District No. 2414 — Primary Registration District No. 3056 — Registrar's No. 286

1. PLACE OF DEATH:

(a) County: Randolph
(b) City or town: Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wabash Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Randolph
(c) City or town: Moberly
(If outside city or town limits, write "RURAL")
(d) Street No.: 121 So Williams
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No): 0
If yes, name country .....

3. (a) PRINT FULL NAME: Earl R. Quinlin
3. (b) If veteran, name war: World War I
3. (c) Social Security No.: 703-01-1422
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ulous
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July (Month) 30 (Day) 1889 (Year)

8. AGE: Years 58 | Months 4 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace: Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Engineer
11. Industry or business: Wabash R R
FATHER
12. Name: John T. Quinlin
13. Birthplace: Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Susie Coldwell
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Ulous Quinlin
(b) Address: Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 22 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Moberly Mo
18. (a) Signature of funeral director: Mahan and Son
(b) Address: Moberly Mo
19. (a) Dec. 20 1947 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17 year 1947 hour 10 minute 15 P M.
21. I hereby certify that I attended the deceased from February 1, 1947 to December 17, 1947 that I last saw him alive on December 17, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CARDIAC FAILURE AND AURICULAR FIBRILLATION	3 weeks
Due to: MITRAL AND AORTIC STENOSIS AND INSUFFICIENCY	18 years
Due to: RHEUMATIC FEVER	1929
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 92B
Of autopsy: Rheumatic Heart as above

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work?
(e) Means of injury: 0
23. Signature: [illegible] (M. D. or other)
Address: Wab Hosp Moberly Date signed: 17 Dec 1947

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

AUG 14 1948

DEC 30 1947

DEC 31 1947

RECEIVED
District Health Officer No. 10
District File Number 46-47-1291
Date Filed DEC 23 1947

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Frank S. D. Watt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.