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

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8974

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lebanon
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 413 N Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lebanon
d. STREET ADDRESS (If rural, give location) 413 N Jackson

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3. NAME OF DECEASED (Type or Print)
a. (First) Elbert
b. (Middle) Turner
c. (Last) O'Quinn

4. DATE OF DEATH (Month) (Day) (Year) 4 / 8 / 1949

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 1 1868
9. AGE (In years last birthday) 81
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) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Laclede Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John O'Quinn
13b. MOTHER'S MAIDEN NAME Nat Crawn
14. NAME OF HUSBAND OR WIFE Belle O'Quinn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Mrs. E. J. O'Quinn **ADDRESS** Lebanon Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cancer stomach — INTERVAL BETWEEN ONSET AND DEATH 14 mo.

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.

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19a. DATE OF OPERATION Jan. 1948
19b. MAJOR FINDINGS OF OPERATION Cancer stomach
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Lebanon (COUNTY) Laclede (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 6, 1949, *to* April 4, 1949, *that I last saw the deceased alive on* Apr. 7, 1949, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H. A. Hamilton M.D.
23b. ADDRESS Lebanon, Mo.
23c. DATE SIGNED 4/9/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/10/49
24c. NAME OF CEMETERY OR CREMATORY Hough
24d. LOCATION (City, town, or county) Laclede Co. (State)

DATE REC'D BY LOCAL REG. April 8-49
REGISTRAR'S SIGNATURE Nella L. Day 424
25. FUNERAL DIRECTOR'S SIGNATURE Palmer **ADDRESS** Lebanon Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Emmett E. Everett #246
Student Embalmer

Signed Richard L. Palmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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.