

FILED MAY 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Number 19125

State No. Registrar's No. 27

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 4482		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill</u> b. COUNTY <u>Warren</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis Mo</u>		c. LENGTH OF STAY (In this place) <u>1 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		8/20	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print) (First) <u>Jess</u> (Middle) <u>D</u> (Last) <u>Quinter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10 1951</u>				
5. SEX <u>Male</u>		COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 14 1895</u>	
9. AGE (In years last birthday) <u>75</u>		11. BIRTHPLACE (State or foreign country) <u>Roseville Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Minister</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 (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Thomas Quinter</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Mc known Laddella Quinter</u>		14. NAME OF HUSBAND OR WIFE			
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. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louella Quinter Memphis Mo.</u>			
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>3-1-</u> , 19 <u>51</u> , to <u>4-11-</u> , 19 <u>51</u> ; that I last saw the deceased alive on <u>4-11-</u> , 19 <u>51</u> , and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. M. Keethler, D.O.</u>				23b. ADDRESS <u>Memphis Mo</u>		23c. DATE SIGNED <u>4-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 14 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gairn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gairn MO</u>	
DATE REC'D BY LOCAL REG. <u>5/12 3/31</u>		REGISTRAR'S SIGNATURE <u>JMBelcher 407</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gertrude Probst Memphis Mo</u>			

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

1951 07 20
AUG 20 1951
JUN 13 1952

Date Received: MAY 29 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-1012
Date Filed: MAY 29 1951

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 _____
Student Embalmer

Signed _____
Fredrick Kurtz

Licensed Embalmer No. 4756

P. O. Address _____
Murphy, Va.

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.