No. 300
10.48

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 24067

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BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 105

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

**1. PLACE OF DEATH**
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ft Leonard Wood
c. LENGTH OF STAY (In this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ------

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rantoul
d. STREET ADDRESS (If rural, give location): 171 Mitchell Court

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**3. NAME OF DECEASED** (Type or Print): a. (First) John b. (Middle) Edward c. (Last) Quinlan

**4. DATE OF DEATH** (Month) July (Day) 11 (Year) 51

**5. SEX**: M 0
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never married 11
**8. DATE OF BIRTH**: 19 Nov 1928
**9. AGE** (In years last birthday): 22 — 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): Mail carrier
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Ludlow, Illinois
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Martin Quinlan
**13b. MOTHER'S MAIDEN NAME**:
**14. NAME OF HUSBAND OR WIFE**: ------

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): yes (If yes, give war or dates of service): 14 Dec 50
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME** / **ADDRESS**: E H Drummond, Maj MSC, USA Hosp, Ft L W, 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) Dilatation of heart, result of being struck by a lightening bolt — INTERVAL BETWEEN ONSET AND DEATH: immediately

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**: ------
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES [X] NO [ ]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): US Army Post
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Ft Leonard Wood Pulaski Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): July 11 51 1:05pm
**21e. INJURY OCCURRED** WHILE AT WORK [X] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?** Struck by lightening while engaged in training activities.

22. *I hereby certify that I attended the deceased from* July 11, 19 51, *to* ------, 19 --, *that I last saw the deceased alive on* ~~[illegible]~~, 19 --, *and that death occurred at* 1:05 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): John H. White Maj MC
**23b. ADDRESS**: US Army Hospital Fort Leonard Wood, Mo.
**23c. DATE SIGNED**: 12 July 51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: July 13, 1951
**24c. NAME OF CEMETERY OR CREMATORY**:
**24d. LOCATION** (City, town, or county) (State): Rantoul ~~Wisconsin~~ Illinois

**DATE REC'D BY LOCAL REG.**: 7-16-51
**REGISTRAR'S SIGNATURE**: Eula Mae Anderson 454
**25. FUNERAL DIRECTOR'S SIGNATURE** / **ADDRESS**: Walter P. Hedges Iberia, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-16-51
Pulaski County Health Officer
File Number
Date Filed 9-21-51

## 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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Walter P. Hedges

Signed .....
Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Sheria, 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.