

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4788

FILED FEB 27 1952

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5543 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <i>Howard</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Howard</i>	
b. CITY (If outside corporate limits write RURAL and give township) <i>Rural Booneville</i>		c. LENGTH OF STAY (In this place) <i>Life</i>	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Rural Booneville</i>		d. STREET ADDRESS (If rural, give location) <i>3 miles northwest of Petersburg</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address and location) <i>3 miles northwest of Petersburg</i>			

3. NAME OF DECEASED (First) <i>Omer</i> (Middle) <i>Jesse</i> (Last) <i>Quinley</i>		4. DATE OF DEATH (Month) <i>Feb.</i> (Day) <i>3</i> (Year) <i>1952</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept. 9, 1879</i>
9. AGE (In years last birthday) <i>72</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	

11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Quinley</i>		13b. MOTHER'S MAIDEN NAME <i>Dora Conrow</i>	
14. NAME OF HUSBAND OR WIFE <i>Leona May Watts</i>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>Not available</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Omer Quinley Franklin</i> ADDRESS <i>Franklin Mo.</i>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hemorrhage from open wound in chest</i> ANTECEDENT CAUSES (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chest wound in chest</i> 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 <i>5-10 minutes</i>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accidental</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>farm</i>		21c. (CITY, TOWN, OR TOWNSHIP) <i>Booneville</i> (COUNTY) <i>Howard</i> (STATE) <i>MO</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>2-3-52 3P m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Accidental shot gun blast</i>	

22. I hereby certify that I attended the deceased from *May*, 1947, to *Feb*, 1952, that I last saw the deceased alive on *Jan*, 1952, and that death occurred at *3:00 P m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Walter E. Homb</i>		23b. ADDRESS <i>Stargow, Mo.</i>		23c. DATE SIGNED <i>Feb. 4, 1952</i>	
24a. HOSPITAL, CREMATION, REMOVAL (Specify) <i>Funeral Home</i>		24b. DATE <i>Feb. 5, 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Boonesboro Boonesboro, Mo.</i>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <i>Walker Audsley</i>		ADDRESS <i>Trenton St. Glasgow, Mo.</i>	

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

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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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *E. J. L. Smith*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow Ill*

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.