

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13561**

FILED MAY 5 1953

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY Cedar

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Missouri b. COUNTY Cedar

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs

d. FULL NAME OF HOSPITAL OR INSTITUTION South Jackson St. d. STREET ADDRESS (If rural, give location) 305 N. Kirkpatrick

3. NAME OF DECEASED
a. (First) Charles b. (Middle) Burk c. (Last) Quinn 4. DATE OF DEATH (Month) (Day) (Year) Apr 29, 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH 5-15-1896 9. AGE (In years last birthday) 56 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mech. Engineer 11. BIRTHPLACE (City and State or Foreign Country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Matthew Quinn 13b. MOTHER'S MAIDEN NAME Mary King 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes W.W. # 1 16. SOCIAL SECURITY NO. 494-18-9086 17. INFORMANT'S SIGNATURE OR NAME Robert Simmons - El Dorado Springs ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Physical exertion 2-3 hrs
DUE TO (c) Coronary sclerosis 1 1/2 +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 4/29, 1953, to 4/29, 1953 that I last saw the deceased alive on 4/29, 1953, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ch. Sunderwirth D.O. 23b. ADDRESS El Dorado Springs 23c. DATE SIGNED 5/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5-2-53 24c. NAME OF CEMETERY OR CREMATORY El Dorado Springs 24d. LOCATION (City, town, or county) (State) El Dorado Springs, Mo.

DATE REC'D BY LOCAL REG. MAY 2, 1953 REGISTRAR'S SIGNATURE W. W. ... 25. FEDERAL DIRECTOR'S SIGNATURE Robert Simmons - El Dorado Springs ADDRESS _____

418-0 (Licensed Embalmers' Statement on Reverse Side)

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

201
3

REG. G. P. AME

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 May W. Richering

Licensed Embalmer No. 4696

P. O. Address Old Dixie Springs

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.