

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16720**

FILED MAY 11 1953

BIRTH NO. _____		REG. DIST. NO. 322		PRIMARY REG. DIST. NO. 3071		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater		c. LENGTH OF STAY (In this place) 80 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater		0971	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Rest Home				d. STREET ADDRESS (If rural, give location) 229 East Parker Street			
3. NAME OF DECEASED (Type or Print) a. (First) Pearl			b. (Middle) Hulse			c. (Last) Quinley	
4. DATE OF DEATH May 6th, 1953.		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug. 16th, 1890.		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 8 Days 20		IF UNDER 1 HR. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Marshall, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William P. Hulse		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Forrest Quinley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-22-8512		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs J.W.Chorn, Marshall, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Essential Hypertension years 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 2nd Cerebral Hemorrhage Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 yr. 5 days.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July 4, 1938 , to May 6, 1953 , that I last saw the deceased alive on May 4, 1953 , and that death occurred at 4 A m., from the causes and on the date stated above.							
23a. SIGNATURE D. A. McBurney, M.D.				23b. ADDRESS Slater, Mo.		23c. DATE SIGNED 5/7/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 8, 1953		24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery		24d. LOCATION (City, town, or county) (State) Marshall, Mo.	
DATE REC'D BY LOCAL REG. 5/8/53		REGISTRAR'S SIGNATURE Mrs. Earl C. Metz		25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis		ADDRESS Marshall, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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

971
4

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

R. W. Campbell Jr.

Licensed Embalmer No. *3469*

P. O. Address *Marshall, 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.