

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

19008

REC'D JUN 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 159

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Randolph 0883</u>                                 |  | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> |  | c. CITY (If outside corporate limits, write RURAL and give township): <u>Moberly 0883</u>   |  |
| c. LENGTH OF STAY (In this place) <u>34 years</u>                                   |  | d. STREET ADDRESS (If rural, give location) <u>904 West Rollins 0</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>904 West Rollins</u>                     |  |   |  |

|  |                               |   |   |   |   |
|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) <u>ROY RASCOE QUINN</u>  |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>June-19-1953</u> |   |   |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct-12-1883</u>                       |   | 9. AGE (In years last birthday) <u>69</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Life Insurance</u>               |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>States Missouri</u> |   |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>   |                               |   |   |   |   |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>George Sidney Quinn</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Alice Baker</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Mary A. Quinn</u>                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> |  | 16. SOCIAL SECURITY NO. _____                |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roy R. Quinn Moberly Mo</u> |  |
|   |  |  |  | ADDRESS _____   |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>                          |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |  |
|  |  | ANTECEDENT CAUSES<br>DUE TO (b) <u>External Hypertension</u>  |  |   |  |
|  |  | DUE TO (c) _____  |  |   |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>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 <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) <u>331x</u>                      |  |
| 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 1951, to June 1953, that I last saw the deceased alive on June 11, 1953, and that death occurred at 12:25 A.M., from the causes and on the date stated above.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 23a. SIGNATURE <u>Will Henry</u> (Degree or title) _____              |  | 23b. ADDRESS <u>Moberly Mo</u>                            |  | 23c. DATE SIGNED <u>June 12 1953</u>                       |  |
| 24a. BURIAL CREMATION (Specify) <u>Burial</u>                         |  | 24b. DATE <u>June-14-1953</u>                             |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Ridland Cemetery</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Snow Funeral Home</u> |  | ADDRESS <u>Moberly Mo</u>                                  |  |
| DATE REC'D BY LOCAL REG. <u>6-13-53</u>                               |  | REGISTRAR'S SIGNATURE <u>Seal</u>                         |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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 Jerry R. Carter  
Licensed Embalmer No. 4904

P. O. Address Woburn, MA.

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.