

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

| | | | | | | | | |
|---|--|--|---|---|--|---------------------------------|----------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>381</u> | | PRIMARY REG. DIST. NO. <u>4515</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u> | | | | |
| b. CITY OR TOWN <u>RURAL</u> | | c. LENGTH OF STAY (in this place) <u>6 1/2</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> | | OR TOWN <u>FOLK</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COUNTY REST HOME</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1050</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>HARVEY CLARENCE QUILLEN</u> | | | a. (First) | | | b. (Middle) | | |
| c. (Last) | | | 4. DATE OF DEATH <u>MAY 25 1953</u> | | a. (Month) (Day) (Year) | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>9-3-1875</u> | 9. AGE (In years last birthday) <u>77</u> | F UNDER 1 YEAR | G UNDER 1 YEAR | H UNDER 1 MIN. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u> | 11. BIRTHPLACE (State or foreign country) <u>INDIANA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | | | | |
| 13a. FATHER'S NAME <u>WALTER P. QUILLEN</u> | | 13b. MOTHER'S MAIDEN NAME <u>DORE E. HARLAND</u> | | 14. NAME OF HUSBAND OR WIFE <u>—</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>49645-589</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Records from Rest Home</u> | | ADDRESS <u>MILAN</u> | | |
| 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) <u>carcinoma R. Lung</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> | | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>carcinoma nose</u> | | | | | | | | |
| DUE TO (c) _____ | | | | | | | | |
| 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 <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>1600x</u> | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 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 <u>1950</u> , 19 <u>50</u> , to <u>5-25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-25</u> , 19 <u>53</u> , and that death occurred at <u>5:30 P</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>Milans</u> | | 23c. DATE SIGNED <u>5-29-53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-27-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Harris Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Harris Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>5-27-53</u> | | REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>Milans</u> | | |

1050
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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

Russell C. Rogers

Licensed Embalmer No.

3792

P. O. Address

Mt. Pleasant, 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.