

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6284 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery Twp. Lynchburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery Twp Lynchburg</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>F F D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		1140 0	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nannie</u> b. (Middle) <u>Jane</u> c. (Last) <u>Quinn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 2, 1862</u>		9. AGE (In years last birthday) <u>90</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wright County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Thomas Ervain</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Thornhill</u>		14. NAME OF HUSBAND OR WIFE <u>John Allen Quinn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leo Quinn, Lawrence, Kansas</u> ADDRESS	

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>Acute Cardio Respiratory failure secondary to benign anemia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinomatosis secondary to Primary Carcinoma of</u> DUE TO (c) <u>Left Breast - 170x</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Schistocytosis & arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None Degenerative Decompensated Heart</u>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>House fall</u>	

22. I hereby certify that I attended the deceased from Jan 4, 1953, to July 11, 1953, that I last saw the deceased alive on July 11, 1953 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Burns, M.D.</u> (Degree or title)		23b. ADDRESS <u>Houston, Mo</u>		23c. DATE SIGNED <u>7/24/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 16, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Mountain</u>	
24d. LOCATION (City, town, or county) (State) <u>Raybourn, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell Garber, Mtn Grove</u>		ADDRESS	
DATE REC'D BY LOCAL REG. <u>8-20-53</u>		REGISTRAR'S SIGNATURE <u>B. Garner 346</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

RECEIVED AUG 22 1953
WRIGHT CO. HEALTH DEPT.
County File Number 853-114
Date Filed 8-22-53

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 Barber

Licensed Embalmer No. 3848

P. O. Address 17th Grove, Me

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.