

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43551

State File No. _____

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 593

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| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> | |
| b. CITY OR TOWN <u>Marceline, Mo</u> | | c. CITY OR TOWN <u>Bucklin</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dorrell Rest Home</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |

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|-------------------------------------|------------------------|--------------------------|------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Mary</u> | b. (Middle) <u>Ellen</u> | c. (Last) <u>Quinn</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>12 14 53</u> |

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|-----------------|---------------------------|---|-----------------------------------|---|--|---|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | 8. DATE OF BIRTH <u>11/8/1873</u> | 9. AGE (In years last birthday) <u>80</u> | # UNDER 1 YEAR Months <u>1</u> Days <u>6</u> | # UNDER 1 MIN. Hours <u>0</u> Min. <u>0</u> |
|-----------------|---------------------------|---|-----------------------------------|---|--|---|

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| 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 | 11. BIRTHPLACE (City and State or Foreign Country) <u>Saline, County</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
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| 13a. FATHER'S NAME <u>Elisha Durbin</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Watson</u> | 14. NAME OF HUSBAND OR WIFE <u>Arthur Quinn</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Marie Coulson Bucklin, M</u> | ADDRESS |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis, progressive</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensive arteriosclerosis</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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 12-14, 1953, to 12-14, 1953, that I last saw the deceased alive on 12-14, 1953, and that death occurred at 10:00 m., from the causes and on the date stated above.

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|---|----------------------------------|----------------------------------|
| 23a. SIGNATURE (Name of title) <u>Marie Coulson Bucklin</u> | 23b. ADDRESS <u>Marceline Mo</u> | 23c. DATE SIGNED <u>12-16-53</u> |
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|---|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12/18/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Michael</u> | 24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>12-16-53</u> | REGISTRAR'S SIGNATURE <u>Mary Jane Ridgway</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James McLaughlin</u> | ADDRESS <u>Marceline Mo</u> |
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(Licensed Embalmer) (Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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

George D. Kramer

Licensed Embalmer No. *425*

P. O. Address *600 E. State St.*

St. Charles, Missouri

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.