

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 28 1954

State File No. **18395**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boonville</b>		c. CITY OR TOWN <b>Boonville</b>	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>2 weeks</b>		e. STREET ADDRESS (If rural, give location) <b>826 Locust St.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Florence</b>	b. (Middle) <b>Quint</b>	c. (Last) <b>Troupe.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 18 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>December 24 1891</b>	9. AGE (In years last birthday) <b>62</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cooper County, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
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13a. FATHER'S NAME <b>Edward Quint</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Oswald</b>	14. NAME OF HUSBAND OR WIFE <b>---</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Frank Tempfel</b> ADDRESS <b>Boonville, Mo.</b>
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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) <b>Pulmonary embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fracture of femur, rt., intertrochanteric 6 days E9030 20</b>		
	DUE TO (c) <b>Diabetes mellitus, Chronic pyelonephritis yrs.</b>		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>6/17/54</b>	19b. MAJOR FINDINGS OF OPERATION <b>Fracture as above</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Boonville Cooper Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6 14 54 2 P. m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Slipped in the home.</b>
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22. I hereby certify that I attended the deceased from **6-14-1954** to **6-18-1954**, that I last saw the deceased alive on **6-18-1954**, and that death occurred at **8:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature] M. D.</b>	23b. ADDRESS <b>Boonville, Mo.</b>	23c. DATE SIGNED <b>6/18/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 20 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Boonville, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>6/19/54</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Goodman &amp; Boller, Boonville, Mo.</b>
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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.....  
Signature of Student Embalmer

Signed *G. F. Bollev*

Licensed Embalmer No. *306*

P. O. Address *Coosville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.