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FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5942 Registrar's No. 242

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1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Carter	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Rolla Township		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Lone Grove
d. FULL NAME OF HOSPITAL OR INSTITUTION Hwy #66 .6 mi E of County Rt V		f. STREET ADDRESS (If rural, give location) Box #96	

3. NAME OF DECEASED (Type or Print) a. (First) Quinby b. (Middle) Lee c. (Last) Oakman			4. DATE OF DEATH (Month) (Day) (Year) December 25, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 15 August 1928	9. AGE (In years last birthday) 26	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and State or Foreign Country) Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Myrtle (Unknown)	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME (If yes, give war or dates of service) 8 Jul 52 to date	18. ADDRESS US Army Hospital, MSC Ft Leonard Wood, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instantaneous
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Contusion of brain stem		
	ANTECEDENT CAUSES Basilar skull fracture with marked displacement Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) displacement DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Hemorrhage, subarachnoid; bilateral pulmonary concussion; hemorrhage, superior media stinum			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #66	21c. (CITY, TOWN, OR TOWNSHIP) Rolla Township (COUNTY) Phelps (STATE) Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 25, 1954 2:00a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident
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22. I hereby certify that I saw the deceased from 2:15 Am Dead, 12/25, 1954, and that death occurred at 2:00a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. L. Steele Coroner Phelps Co	23b. ADDRESS Rolla Missouri	23c. DATE SIGNED 12/27/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/27/54	24c. NAME OF CEMETERY OR CREMATORY Ardmore Cemetery	24d. LOCATION (City, town, or county) Ardmore (State) Oklahoma
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DATE REC'D BY LOCAL REG Jan 3, 1955	REGISTRAR'S SIGNATURE Nadine L. Steele	25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Hedger	ADDRESS HEDGES FUNERAL HOMES INC Croaker, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Clarence J. Cross*.....

Licensed Embalmer No. *489*.....

P. O. Address *Waynesville*.....

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.