

FILED AUG 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26997  
Registrar's No. 243

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

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

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>HANNIBAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HAZELWOOD</u>	
c. LENGTH OF STAY (In this place) <u>1 yr</u>		d. STREET ADDRESS (If rural, give location) <u>5 TAYLOR RD HI-WAY 40 E</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSPITAL</u>			
3. NAME OF DECEASED a. (First) <u>MARY</u>		b. (Middle) <u>Theresa</u>	
c. (Last) <u>Quinn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 6 55</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>5-15-1954</u>
9. AGE (In years last birthday) <u>1</u>		10. MONTHS <u>1</u>	11. DAYS <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis, Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIS QUINN</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth</u>	
14. NAME OF HUSBAND OR WIFE <u>Willis Quinn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Roy Quinn</u>		ADDRESS <u>Brookfield Mo</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 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral laceration &amp; concussion</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> ANTECEDENT CAUSES DUE TO (b) <u>Accident (trauma)</u> DUE TO (c) _____ 11. 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) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway 36</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MONROE CITY, MONROE, MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-5-1955 4:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>AUTOMOBILE ACCIDENT</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:12 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R M Strong MD</u>		23b. ADDRESS <u>Brookfield Mo</u>	
23c. DATE SIGNED <u>8-16-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>8-10-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ST MICHAEL</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/17/55</u>		REGISTRAR'S SIGNATURE <u>W E M Lucke</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>James M'Laughlin</u>		ADDRESS <u>Marcelline</u>	

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RECEIVED AUG 23 1955

MARION CO. HEALTH DEPT.

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**STATEMENT BY LICENSED EMBALMER**

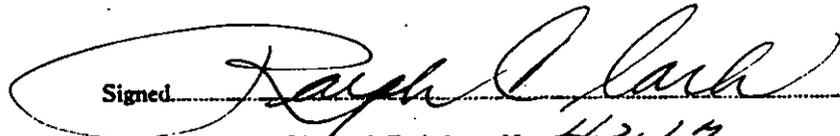
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 4217

P. O. Address Marion, 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.