

FILED SEP 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30181

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 280

1. PLACE OF DEATH a. COUNTY <u>Maxion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence (before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maxion</u>	
b. CITY OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Oakwood</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Elizabeth Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3013 Market Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jerry</u>	b. (Middle) <u>Lennon</u>	c. (Last) <u>Quinlin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 17, 1892</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u>	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>State Highway Maintenance</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Highway Dept.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New London Missouri</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>James W. Quinlin</u>	13b. MOTHER'S MAIDEN NAME <u>F. W. Hatcher</u>	14. NAME OF HUSBAND OR WIFE <u>Lindora Quinlin, Oakwood, Mo.</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) <u>Yes. W.W.#1</u>	16. SOCIAL SECURITY NO. <u>W.W.#1</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lindora Quinlin</u>	ADDRESS <u>3013 Market, Oakwood, Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>3 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage right with left hemiplegia</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease</u>		
DUE TO (c) <u>4200</u>		II. 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"/>
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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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-20-52, 19, to 9-11-55, 19, that I last saw the deceased alive on 9-11-55, 19, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Green</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>180 N. Sixth, Hannibal, Mo.</u>	23c. DATE SIGNED <u>9-13-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 14, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brookview Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Maxion MO</u>
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DATE REC'D BY LOCAL REG. <u>Sept 16 - 1955</u>	REGISTRAR'S SIGNATURE <u>Em Luecke By H.C. Fisher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.M. O'Donnell</u>	ADDRESS <u>Hannibal Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 21 1955  
MARION CO. HEALTH DEPT.  
DATE FILED SEP 21 1955

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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..... *Wm O'Donnell*

Licensed Embalmer No. *388*

P. O. Address *Hannibal*

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.