

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22997

STATE FILE NUMBER

FILED AUG 13 1956
44446-56

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY Callaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Callaway		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN NEW BLOOMFIELD		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hosp		Length of stay in lb 3 days	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jill Middle Renay Last QUINN			4. DATE OF DEATH Month Aug Day 5 Year 56		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 2 1956		9. AGE (In years last birthday) Months 0 Days 3 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Callaway Hosp Fulton MO	
13. FATHER'S NAME James H. Quinn			14. MOTHER'S MAIDEN NAME SARJA K. QUINN LANE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT James D Quinn Address New Bloomfield	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE - (a) Bronchial pneumonia					INTERVAL BETWEEN ONSET AND DEATH 36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Aspiration pneumonia fluid, and milk vomitus					
DUE TO (c) Internal Congenital Defect of Heart; Abnormal					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					
abence left ear & auditory canal 7562					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Birth Aug 26 to 5 Aug 56 and last saw her him alive on 5 Aug 56 Death occurred at 7:12 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE G. R. With		22b. ADDRESS Fulton Mo		22c. DATE SIGNED 6 Aug 56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 6 - 56		23c. NAME OF CEMETERY OR CREMATORY Hope Well Cemetery	
		23d. LOCATION (City, town, or county) (State) 3 mi W. New Bloomfield MO			
24. FUNERAL DIRECTOR Holt Clayford		ADDRESS New Bloomfield		25. DATE RECD. BY LOCAL REG. Aug 11 - 1956	
		25. REGISTRAR'S SIGNATURE Maretha Lawrence			

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 This body Partially Embalmed by Me, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Le Roy Claypool
Licensed Embalmer No. 441
P. O. Address Madison

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.