

FILED JAN 15 1958

STANDARD CERTIFICATE OF DEATH

State File No. **44187**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3022 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY OR TOWN <b>Fayette</b>		c. CITY OR TOWN <b>New Franklin</b>	d. Is Residence within limits of a city or incorporated town? Year <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>9 hours</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lee Hospital</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lee Hospital</b>		STREET ADDRESS (If rural, give location) <b>104 North Howard</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John D.</b>	b. (Middle)	c. (Last) <b>Quinlan</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 15, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 2, 1893</b>	9. AGE (in years last birthday) <b>64</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager Ser. Sta. &amp; Bulk Plant</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Audrain County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John J. Quinlan</b>	13b. MOTHER'S MAIDEN NAME <b>Jane M. Mudd</b>	14. NAME OF HUSBAND OR WIFE <b>Atta Rudd Quinlan</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 None</b>	16. SOCIAL SECURITY NO. <b>442-01-3477</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Atta Quinlan</b>	ADDRESS <b>New Franklin, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>		<b>2 wks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral thrombosis</b> DUE TO (c) <b>rheumatoid arthritis</b>		<b>2 yrs</b> <b>6 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> 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)
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?

22. I hereby certify that I attended the deceased from 1954, to 12-15, 1957, that I last saw the deceased alive on 12-15, 1957, and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE <b>M. P. Beech MD</b> (Degree or title)	23b. ADDRESS <b>Fayette, Mo</b>	23c. DATE SIGNED <b>12-19-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 18, 57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lt. Pleasant Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>New Franklin, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-19-57</b>	REGISTRAR'S SIGNATURE <b>Mary R. Shell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>MARKLAND - HALL</b>	ADDRESS <b>NEW FRANKLIN MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 22 1967

MAY 8 1967

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..... Tom J. Markland

Licensed Embalmer No. 4592

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