S. No. 300
v. 10.48

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

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4174

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4513 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Green Castle
c. LENGTH OF STAY (In this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home in Green Castle

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Green Castle
d. STREET ADDRESS (If rural, give location): No street address

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3. NAME OF DECEASED (Type or Print)
a. (First): Alberta
b. (Middle): Lee
c. (Last): Quint

4. DATE OF DEATH (Month) (Day) (Year): Jan. 15, 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 23, 1906
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months ---, Days --; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Clyde Ledford
13b. MOTHER'S MAIDEN NAME: Lillie May Lloyd
14. NAME OF HUSBAND OR WIFE: Harry J. Quint

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ————
16. SOCIAL SECURITY NO.: 348-18-4655
17. INFORMANT'S SIGNATURE OR NAME: Harry J. Quint, Green Castle, Mo. — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia and Inanition — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinomatois

DUE TO (c) Carcinoma of head of pancreas

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/10/57
19b. MAJOR FINDINGS OF OPERATION (Laughlin Hospital): Carcinoma of head of pancreas 157X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/2/57, 19__, *to* 1/15/58, 19__, *that I last saw the deceased alive on* 1/15/58, 19__, *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): D.O.
23b. ADDRESS: Kirksville Mo
23c. DATE SIGNED: 1-17-58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 19, 1958
24c. NAME OF CEMETERY OR CREMATORY: Green Castle Cemetery
24d. LOCATION (City, town, or county) (State): Green Castle, Mo.

DATE REC'D BY LOCAL REG.: 1-20-58
REGISTRAR'S SIGNATURE: Mrs. M. W. Beckett
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Glenn E. Lint & Son, Green City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.