

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017061

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 66

1050
D

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Sullivan		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Milan		a. STATE MO		b. COUNTY Sullivan	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Sull Co. M. Hospit		Length of stay in lb 2 hrs		c. CITY OR TOWN Pleasant Hill, Twip		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) William Cantrek Quigley				4. DATE OF DEATH		5. 1958	
5. SEX M O		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-16-1884	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				9b. KIND OF BUSINESS OR INDUSTRY		9c. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY		10c. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 74 Days 0 Hours 15 Min.	
11. BIRTHPLACE (City and state of country) Sullivan Co, Mo				12. CITIZEN OF WHAT COUNTRY? US			
13. FATHER'S NAME James Quigley				14. MOTHER'S MAIDEN NAME Jane Pead			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. -		17. INFORMANT Charles Quigley	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull fracture and hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) self inflicted gun wound - DUE TO (c) 976X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				INTERVAL BETWEEN ONSET AND DEATH 2 hrs.			
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input checked="" type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) shot in R. forehead - rifle	
20c. TIME OF INJURY 9:00 AM		Hour Month, Day, Year 5-1-58					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home on farm R.		20f. CITY, TOWN, OR LOCATION Milan		COUNTY Sullivan STATE MO	
21. I attended the deceased from 3:30 PM to 11:30 PM and last saw him alive on 5-1-58 Death occurred at 11:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. W. Simpson D.O. Coroner				22b. ADDRESS Milan		22c. DATE SIGNED 5-5-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-4-58		23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.		23d. LOCATION (City, town, or county) Sullivan Co MO (State)	
24. FUNERAL DIRECTOR Schwenes Darglet Schwenes				25. DATE RECD. BY LOCAL REG. Milan, Mo. 5-9-58		26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Dwight Schaeve*.....

Licensed Embalmer No. *266*

P. O. Address *Urbana - Ill.*

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