

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017877

STATE FILE NUMBER

DECEASED JUN 2 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 536

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>California</b> b. COUNTY <b>Modoc</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield,</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Alturos</b> <b>80408</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Medical Center for INSTITUTION <b>Federal Prisoners</b> Length of stay in lb <b>90 days</b>		d. STREET ADDRESS (If outside, give location) <b>Winoma Farms</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Lawrence</b> Middle <b>Mark</b> Last <b>Quinn</b>			4. DATE OF DEATH Month <b>May</b> Day <b>23</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <b>3</b> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>March 3, 1907</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Heavy equipment Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>	
13. FATHER'S NAME <b>Lawrence Quinn (deceased)</b>			14. MOTHER'S MAIDEN NAME <b>Caroline (unknown) Quinn (deceased)</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>Files-MCFP</b> Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cachexia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mo.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Ca rcinoma, squamous cell, metastatic (primary</b>		3 yrs.
DUE TO (c) <b>site, undetermined)</b> <b>1919</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		

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 <b>11:50</b> a. m. <b>A.M.</b> Month, Day, Year	*****	

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
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21. I attended the deceased from **The Medical Staff** **February 6, 1958** to **May 23, 1958** and last saw **him** alive on **May 23, 1958**  
Death occurred at **11:50 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>J. A. Hunter M.D.</b>	(Deceased or Hunter, M.D.) <b>Clinical Director</b>	22b. ADDRESS <b>Medical Center for Federal Prisoners, Springfield</b>	22c. DATE SIGNED <b>May 26, 58</b>
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23a. FUNERAL CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 29, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
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24. FUNERAL DIRECTOR <b>AYRE-GOODWIN, Springfield, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5-27-58</b>	26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Robert E. Muhlman*.....

Licensed Embalmer No. *491*

P. O. Address *Springfield*

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.