

Dr. Greene

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037126

STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 340

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Palmyra Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth		Length of stay in lb	06 ⁴⁰ / ₀ STREET ADDRESS RFD #3 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Frank Middle J. Last Quinlin			4. DATE OF DEATH Month 10 Day 15 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/29/1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FZMGR		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 63 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) New London, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James W. Quinlin		13b. MOTHER'S MAIDEN NAME Anna Hatcher	14. NAME OF HUSBAND OR WIFE Dorothy Quinlin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mr. W.W. Quinlin, RFD #3, Hannibal, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic cor pulmonale Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Bronchiectasis DUE TO (c) 526X			INTERVAL BETWEEN ONSET AND DEATH 8 yrs 8 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 <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 11-20-50 to 10-15-58 and last saw ^{him} alive on 10-15-58 Death occurred at 6:00 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W.L. Green</i> (Degree or title) O		22b. ADDRESS 100 N. Sixth, Hannibal, Mo.	22c. DATE SIGNED 10-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/17/58	23c. NAME OF CEMETERY OR CREMATORY Barkley Cemetery	23d. LOCATION (City, town, or county) (State) New London, Mo.
24. FUNERAL DIRECTOR H.M.O'Donnell, Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. 10-20-1958	26. REGISTRAR'S SIGNATURE <i>Dr. E.M. Luckey & H.C. Fisher</i>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

RECEIVED OCT 22 1958
MARION CO. HEALTH DEPT.
DATE FILED OCT 22 1958

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 *S. M. McConnel*

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.