

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044777

STATE FILE NUMBER

FILED JAN 6 1958 Registration District No. 178 Primary Registration District No. Registrar's No. 93

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY LEWIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION TWSP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN MAYWOOD		0560 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi. No. E. Maywood			Length of stay in 1b			d. STREET ADDRESS 1 mi. No. E. Maywood	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM MERRELL QUINN				4. DATE OF DEATH DEC. 24, 1958 Month Day Year			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7/14/1886	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER & STATESMAN		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXXXX		11. BIRTHPLACE (City and state or country) MAYWOOD, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JAMES QUINN				14. MOTHER'S MAIDEN NAME SARAH SHACKLEFORD			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		(If yes, give war or dates of service) XXXXXXXXXXXXXX		16. SOCIAL SECURITY NO. 492-36-9466		17. INFORMANT Address mary QUINN Maywood, 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) <i>Cerebral Hemorrhage</i> <i>Arterio Sclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <i>4 Days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>331x</i>							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 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	
21. I attended the deceased from <i>Dec 20, 1958</i> to <i>Dec 24, 1958</i> and last saw her alive on <i>Dec 23, 1958</i> Death occurred at <i>1275 1/2</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>W F Kelley M.D.</i> (Degree or title)				22b. ADDRESS <i>Lebanon Mo</i>		22c. DATE SIGNED <i>12/29/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12/26/58	23c. NAME OF CEMETERY OR CREMATORY MAYWOOD		23d. LOCATION (City, town, or county) (State) MAYWOOD, MISSOURI		
24. FUNERAL DIRECTOR <i>Charles L. Conroy</i> ADDRESS Lewistown, Mo.				25. DATE RECD. BY LOCAL REG. 12-30-58		26. REGISTRAR'S SIGNATURE <i>R.W. Jennings, M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1956

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 *Charles L. Arnold*.....

Licensed Embalmer No...466

P. O. Address LEWISTOWN,

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