

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018774

STATE FILE NUMBER

FILED JUN 4 1959

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 117

300  
-57

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Salisbury		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hosp.		Length of stay in lb 2 days	d. STREET ADDRESS 907 So. Maple		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Norbert Dennis Quinn			4. DATE OF DEATH Month Day Year May 26, 1959			
5. SEX male o	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 23, 1953	9. AGE (In years last birthday) 5 FUNDER 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) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Moberly, Missouri o		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Norbert Francis Quinn		13b. MOTHER'S MAIDEN NAME Alice Maureen Garhart		14. NAME OF HUSBAND OR WIFE - - - - -		
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. none	17. INFORMANT Mrs. Norbert Quinn, Salisbury, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause by line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Exsanguination</i> DUE TO (b) <i>Uncontrollable facial bleeding</i> DUE TO (c) <i>Following Toriclectomy slight</i>					INTERVAL BETWEEN ONSET AND DEATH 5-25-59 (18 hrs) 5-26-59	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5101					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 5-25-59 to 5-26-59 and last saw <sup>her</sup> <sub>him</sub> alive on 5-26-59 Death occurred at 4:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>[Signature]</i> (Degree or title) 2			22b. ADDRESS 575 West Hallis Moberly Mo.		22c. DATE SIGNED 5-27-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5/28.59	23c. NAME OF CEMETERY OR CREMATORY Salisbury City Cemetery		23d. LOCATION (City, town, or county) (State) Salisbury, Missouri	
24. FUNERAL DIRECTOR Chas. B. Winkelmeyer, Salisbury, Mo.			25. DATE RECD. BY LOCAL REG. 5-28-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Death, however, etc. must be any standard nomenclature in their use. All diseases in Part I must be causally related.

**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 *Chas B. Weinheimer*

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, Md.*

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.