

**U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-002528**

**FILED VS JAN 14 1960**

DEAD

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 1

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Elizabeth Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>509 N.4th</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Thomas</u> Last <u>Quigley</u>			4. DATE OF DEATH Month <u>January</u> Day <u>3</u> Year <u>1960</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-25-1896</u>
9. AGE (last birthday) <u>63</u>		IF UNDER 1 YEAR	IF UNDER 24 HR
		Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Water Department</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.B.&amp;.R.R.</u>	11. BIRTHPLACE (City and state or country) <u>St Joseph, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>James T. Quigley</u>	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Nancy B. Quigley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>707-07-3965</u>	17. INFORMANT Address <u>Mrs. Otis Rucher-Hannibal, Mo.</u>

DOCUMENT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

MEDICAL CERTIFICATION

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 _____ a.m. _____ p.m. 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
21. I attended the deceased from _____ to <u>1-3-60</u> and last saw her alive on _____ Death occurred at <u>2:45 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title) <u>Henry H Sweet Jr MD Coronet</u>	22b. ADDRESS <u>Hannibal Mo</u>	22c. DATE SIGNED <u>1-3-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-3-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blakley Ceme ery</u>
24. FUNERAL DIRECTOR ADDRESS <u>H. C'Donnell Hannibal, Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Stewartville, Mo.</u>
25. DATE RECD. BY LOCAL REG. <u>1/5/60</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Luckey by Lillian M. Norman</u>

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed L. M. O'Donnell

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.