

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS SEP 2 1960

60-032252  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8406**

ENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Ill</b> b. COUNTY							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>3 Days</b>		c. CITY OR TOWN <b>Norris City</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>No. Address</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>Ollie</b> Middle <b>Zula</b> Last <b>Quillman</b>				4. DATE OF DEATH Month <b>August</b> Day <b>26</b> Year <b>1960</b>							
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIAGE <input type="checkbox"/> Never Married <input type="checkbox"/> <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2/8/1887</b>		9. AGE (last birthday) <b>73</b>			
IF UNDER 1 YEAR Months		IF UNDER 24 HR Days		IF UNDER 1 YEAR Hours		IF UNDER 24 HR Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Scool Teacher</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Norris City, Ill</b>			11. BIRTHPLACE (City and state or country) <b>Norris City, Ill</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Jerry Dillard</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>J.A. Quillman</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>None</b>			17. INFORMANT <b>Wm. L. Quillman 115 Georgia St</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>Pulmonary embolism &amp; infarct</b>								INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <b>8/23/60</b> to <b>8/26/60</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>8/25/60</b> Death occurred at <b>7:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <b>J.E. Hueblich MD</b>				22b. ADDRESS <b>111 Church St Ferguson</b>				22c. DATE SIGNED <b>8/26/60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>8/26/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Wolfcreek Cemetery</b>		23d. LOCATION (City, town, or county) <b>Norris City, Illinois</b>		(State)			
24. FUNERAL DIRECTOR <b>Turner Funeral Home; Norris City, Ill</b>				25. DATE RECD. BY LOCAL REG. <b>AUG 26 1960</b>		26. REGISTRAR'S SIGNATURE <b>Roald Smith, M.D.</b>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. T. C. Kuebrich

111 Church St

Ferguson, Mo

Ja. 1-0018

**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 V E Morris

Licensed Embalmer No. 336  
P. O. Address St Louis

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