

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041722

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

1276

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 1276

FILED NOV 19 1962

VS 300  
Rev. 4/59

1 5117  
2 5117  
3  
4 0  
5 1  
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7 1  
8 2  
9 420.1  
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11  
12 90-0  
13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

C.C. DuMont, M.D.

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Length of stay in 1b <b>since 1904</b>	c. CITY OR TOWN <b>St. Joseph</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1702 Crescent Drive</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1702 Crescent Drive</b>
3. NAME OF DECEASED (Type or print) First <b>THEO.</b> Middle <b>J.</b> Last <b>QUINN</b>		4. DATE OF DEATH Month <b>November</b> Day <b>10</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 3, 1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Postmaster</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Joseph Post Office</b>	9. AGE (last birthday) <b>71</b>
11a. FATHER'S NAME <b>John J. Quinn</b>		11b. MOTHER'S MAIDEN NAME <b>Katherine Finn</b>	11. BIRTHPLACE (City and state or country) <b>Jackson, Michigan</b>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		12b. SOCIAL SECURITY NO. <b>W. W. #1</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>heart under</b>	
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
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 <b>4:45</b> a.m. p.m.	Month, Day, Year <b>11-10-62</b>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>St. Joseph</b>	COUNTY <b>Buchanan</b> STATE <b>Missouri</b>
21. I attended the deceased from <b>11-10-62</b> to <b>11-10-62</b> and last saw <sup>her</sup> him alive on <b>11-10-62</b> Death occurred at <b>4:45 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Clement C. DuMont M.D.</b>		22b. ADDRESS <b>St. Joseph, Mo</b>	22c. DATE SIGNED <b>11-13-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 13, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
24. FUNERAL DIRECTOR <b>Meierhoffer, Fleeman Inc., St. Joseph, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 16, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Handell</b>

USE BLACK INK OR TYPEWRITER RIBBON

NOV 30 1962

Permit issued 11/2/62

**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 Raymond W. Hooy

Licensed Embalmer No. 5147

P. O. Address St Joseph Pro.

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.