

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13758

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5744 Registrar's No. 25

620

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Caster Township</u>		c. LENGTH OF STAY (In this place) <u>7 months</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Caster Township</u>		d. STREET ADDRESS (If rural, give location) <u>7 mi. S.E. of Fredericktown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 mi. S.E. of Fredericktown</u>		e. STREET ADDRESS (If rural, give location) <u>7 mi. S.E. of Fredericktown</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>—</u> c. (Last) <u>Quinton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 8, 1885</u>
9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR (Specify) <u>3</u> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer-trucker</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Madison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jim Quinton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Miller</u>	
14. NAME OF HUSBAND OR WIFE <u>Nellie Quinton</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>444-20-9150</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Quinton - Fredericktown, Mo.</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Scarlet &amp; uterine regurg</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Pericardial effusion &amp; exiles - chest repts.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>unt</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar</u> , 19 <u>48</u> , to <u>4-17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-17</u> , 19 <u>50</u> , and that death occurred at <u>10:00 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H.O. Raabe M.D.</u> (Date or title)		23b. ADDRESS <u>Webb-Adams Mo</u>	
23c. DATE SIGNED <u>4-18-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 19, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Christian cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Madison Co. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb-Adams - Fredericktown, Mo.</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>4-19-1950</u>		REGISTRAR'S SIGNATURE <u>Phlorence Gicks</u>	

RECEIVED

APR 11 1950

EMERALD HEALTH OFFICE No. 4

FILE NO. 450-608

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 .....  
Student Embalmer

Signed L. J. Adams

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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 this body is not embalmed, fact should be so stated above.