

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13804

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> <u>6644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 705 South Main</u>		d. STREET ADDRESS (If rural, give location) <u>305 S Main Street</u> <u>6</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Emma</u> b. (Middle) <u>Stein</u> c. (Last) <u>Stein</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>January 16, 1884</u>
9. AGE (In years, last birthday) <u>66</u> IF UNDER 1 YEAR <u>2</u> Months IF UNDER 2 HRS. <u>15</u> Days <u>15</u> Hours <u>15</u> Min.		11. BIRTHPLACE (State or foreign country) <u>Hannibal, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>saleslady</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cards</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry Stein</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Mary Wachendorfer</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Catherine Stein</u>		ADDRESS <u>Hannibal Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Carcinoma of Sigmoid</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Sigmoid</u> INTERVAL BETWEEN ONSET AND DEATH <u>11 months</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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>Sept 1948</u> to <u>April 1950</u> , that I last saw the deceased alive on <u>Mar 31, 1950</u> , and that death occurred at <u>10:15</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Gilman R Miller, M.D.</u>		23b. ADDRESS <u>Hannibal, Mo.</u>	
23c. DATE SIGNED <u>Apr 4 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2/7/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>	
24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>		DATE REC'D BY LOCAL REG. <u>4/6/50</u>	
REGISTRAR'S SIGNATURE <u>Dr E. M. Lucke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. Crawford Smith</u>	
ADDRESS <u>Hannibal Miss</u>		ADDRESS	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 12 1950
B. ARK. O. HEALTH DEPT.
DATE FILED APR 18 1950

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 John S. Ward
Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.