

S. No. 300
v. 1948

FILED MAR 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. **9288**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **80**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <i>Marion</i>	a. STATE <i>Missouri</i>	b. COUNTY <i>Marion</i>	b. COUNTY <i>Marion</i>
b. CITY (If outside corporate limits, write RURAL and give township) <i>Hannibal</i>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <i>Hannibal</i>	<i>0644</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Leveing Hospital</i>	d. STREET ADDRESS (If rural, give location) <i>205 So 11th St</i>		

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <i>Margaret</i>	b. (Middle) -	c. (Last) <i>Emmet</i>	(Month) <i>3</i>	(Day) <i>3</i>	(Year) <i>51</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>1-6-1899</i>		
9a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Housewife</i>		9b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Ill.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>

13a. FATHER'S NAME <i>John Dobson</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>John</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>—</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Russell Dutton</i>
		ADDRESS <i>Hannibal Mo.</i>

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		INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>diabetic coma</i>		
	ANTECEDENT CAUSES Mortid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>diabetes mellitus</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>260X</i>	
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, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 *3/1/51*, 19___, to *3/3/51*, 19___, that I last saw the deceased alive on *3/3/51*, 19___, and that death occurred at *4:20 P.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. H. Wettschuid M.D.</i>	23b. ADDRESS <i>508 Broadway, Hannibal</i>	23c. DATE SIGNED <i>3/9/51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3-5-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Elmo Cemetery</i>
		24d. LOCATION (City, town, or county) (State) <i>Hannibal Missouri</i>

DATE REC'D BY LOCAL REG. <i>3/10/51</i>	REGISTRAR'S SIGNATURE <i>H. C. Fisher Deputy</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>James O'Shannon</i>	ADDRESS <i>Hannibal Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

0644

100107

RECEIVED MAR 13 1951
MANION CO. HEALTH DEPT.
DATE FILED MAR 14 1951

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 JM O'Donnell

Licensed Embalmer No. 3889

P. O. Address Manitowish

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.