No. 300
10.48

FILED SEP 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30836

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 303

644
0

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

1. PLACE OF DEATH
a. COUNTY: Marion County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal, Mo.
c. LENGTH OF STAY (in this place): 4 Wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethel, Mo. 1020
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print)
a. (First): FREDERICK
b. (Middle):
c. (Last): ERICH

4. DATE OF DEATH (Month) (Day) (Year): 9-1-1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 11-8-1871
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 9, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rtr. Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Bethel, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Peter Erich
13b. MOTHER'S MAIDEN NAME: Emma Miley
14. NAME OF HUSBAND OR WIFE: Mable Erich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mable Erich, Bethel, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of urinary Bladder — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

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.
181X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Carcinoma in fundus of bladder; Stones in Bladder; Carcinoma base of bladder
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-10, 1957, *to* 9-1, 1957, *that I last saw the deceased alive on* 9-1-, 1951, *and that death occurred at* 11:10 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J W Hardesty MD D
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 9-12-57

24a. BURIAL, CREMATION, REMOVAL (Specify): 9-3-1951 0
24b. DATE: Burial
24c. NAME OF CEMETERY OR CREMATORY: Hebron Cemetery
24d. LOCATION (City, town, or county) (State): Bethel, Mo.

DATE REC'D BY LOCAL REG.: 9-18-51
REGISTRAR'S SIGNATURE: Dr. E M Lucke By W C Fisher 184
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Barkelew-Hawkins, Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 18 1951
MARION CO. HEALTH DEPT.
DATE FILED SEP 21 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed C W Hawkins

Signed.....
Student Embalmer

Licensed Embalmer No. 3498

P. O. Address Shelbina

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.