

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35707

State File No. ....

FILED NOV 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5761 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maple Lawn Rest. Home 0640</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maple Lawn Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>Palmyra, MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Patrick</u> b. (Middle) <u>W.</u> c. (Last) <u>Kerins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 3, 1872</u>	9. AGE (In years last birthday) <u>80</u>	10. IF UNDER 1 YEAR <u>4</u> IF UNDER 1 HR. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoemaker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Caseyville, ILL</u>	

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>EDNA</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Thope 1916 Chestnut</u> ADDRESS <u>Hannibal, MO</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostatic Hypertrophy</u>		INTERVAL BETWEEN ONSET AND 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>Arterio Sclerosis</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>610X</u>	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) _____	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 9-29, 1952 to 10-3, 1952, that I last saw the deceased alive on 9-29, 1952, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. Lucke M.D.</u>		23b. ADDRESS <u>Hannibal, MO</u>	23c. DATE SIGNED <u>10-6-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-6-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Olive Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion MO</u>
DATE REC'D BY LOCAL REG. <u>10/21/52</u>	REGISTRAR'S SIGNATURE <u>By Thola Kelly, Dep</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Michael J. O'Connell</u>	ADDRESS <u>Hannibal MO</u>

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

No. 300  
10.48

RECEIVED NOV 3 1952  
NATION CO. HEALTH DEPT.  
DATE FILED NOV 8 1952

**SUBSCRIPTION 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

Signature

*Michael J. O'Connell*

Licensed Embalmer No. 3246

P. O. Address

Hannibal Mo

Note: This 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.