

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42835

State File No. _____

FILED DEC 18 1952

BIRTH NO. _____ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 3043 Registrar's No. 415

644

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

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>Hannibal</u>	c. LENGTH OF STAY (In this place) <u>7 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> <u>1870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R R # 4</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carolyn</u> b. (Middle) <u>Hendren</u> c. (Last) <u>Loetterle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 11, 1952</u>
------------------------------------------------------------------------------------------------------------------------	--	--	-------------------------------------------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 30, 1877</u>	9. AGE (In years last birthday) <u>75</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marion County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
----------------------	-------------------------------	--------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------	----------------------------------------------------------------------------------------------------------------	------------------------------------------------	-------------------------------------------------------------------------------------	----------------------------------------------

13a. FATHER'S NAME <u>Oscar C. Hendren</u>	13b. MOTHER'S MAIDEN NAME <u>Parmelia Vance</u>	14. NAME OF HUSBAND OR WIFE <u>William H. Loetterle</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>Wm. H. Loetterle</u>	ADDRESS <u>R # 4 Hannibal Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</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) <u>Carcinoma Rectum</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>154x</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>9-12-1950 Carcinoma Rectum</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 9-12-1929 to 12-11, 1952, that I last saw the deceased alive on 12-10, 1952, and that death occurred at 8:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. W. Haeberly M.D.</u>	23b. ADDRESS <u>Hannibal MO</u>	23c. DATE SIGNED <u>12-12-52</u>
----------------------------------------------------------------	------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/13/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
------------------------------------------------------------	------------------------------	---------------------------------------------------------	---------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>12/18/52</u>	REGISTRAR'S SIGNATURE <u>S. E. M. Luck</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Crawford Smith</u>	ADDRESS <u>Hannibal Missouri</u>
---------------------------------------------	-----------------------------------------------	--------------------------------------------------------------	-------------------------------------

187-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 16 1952
MARION CO. HEALTH DEPT.
DATE FILED DEC 16 1952

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 H Crawford Smith

Licensed Embalmer No. 2814

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.