

STANDARD CERTIFICATE OF DEATH

State File No. 0587

FILED MAR 1 1953

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 REGISTRAR'S NO. 9993

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission). a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give town) Hannibal		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal		06411	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 114 North 7th				d. STREET ADDRESS (If rural, give location) 114 North Seventh			
3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Wheelan c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 3, 1953				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 31, 1887		9. AGE (In years) (Months) (Days) (Hours) (Min.) 65 10 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and State or Foreign Country) Hannibal Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME John Roessler		13b. MOTHER'S MAIDEN NAME Christine Weber		14. NAME OF HUSBAND OR WIFE John B. Wheelan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John B. Wheelan Hannibal Missouri			
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) Pulmonary Congestion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatous DUE TO (c) Ca of Cervix uteri II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 171X					INTERVAL BETWEEN ONSET AND DEATH 4 months 10 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (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 5/28/52, 19__, to 3/3/53, 19__, that I last saw the deceased alive on 3/1/53, 19__, and that death occurred at 11:20Am., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. H. Walter Chief M.D.				23b. ADDRESS 508 Broadway Hannibal		23c. DATE SIGNED 3/4/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-5-53	24c. NAME OF CEMETERY OR CREMATORY Neans River Bend Park Hannibal		24d. LOCATION (City, town, or county) (State) MO		
DATE REC'D BY LOCAL REG. 3-6-53		REGISTRAR'S SIGNATURE Dr. E.M. Lucke By W. Fisher			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		

189-C

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 10 1958

RECEIVED

MARION CO. HEALTH DEPT

DATE FILED

MAR 10 1958

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 Stand*
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.