

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10590

State File No. ....

5. No. 300  
7. 10. 48

FILED APR 8 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3042</u>		Registrar's No. <u>134</u>		
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 town) <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		<u>0644</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3323 Helen Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>3323 Helen Ave.,</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Frances</u> c. (Last) <u>Griffith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3/29/53</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>12/23/1910</u>		9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>3</u> Days _____	IF UNDER 24 HOURS Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>J.C. Penney Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Louisiana, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US A</u>		
13a. FATHER'S NAME <u>G. W. Blackwell</u>		13b. MOTHER'S MAIDEN NAME <u>Lola Magness</u>		14. NAME OF HUSBAND OR WIFE <u>Reginald</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Reginald Griffith</u>		ADDRESS <u>3323 Helen Ave, Hannibal, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Schirrhous carcinoma Left Breast</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>  <u>15 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>170X</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 <u>12-26</u> , <u>1951</u> , to <u>3-29-</u> , <u>1953</u> , that I last saw the deceased alive on <u>3-29-53</u> , <u>19</u> , and that death occurred at <u>8:50A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>J.E. Sultzman</u>			(Degree or title) <u>M.D. F.A.C.S.</u>		23b. ADDRESS <u>115 N. 5th St. Hannibal, Missouri</u>		23c. DATE SIGNED <u>3-30-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/31/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Pk</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion Mo</u>			
DATE REC'D BY LOCAL REG. <u>3/31/53</u>		REGISTRAR'S SIGNATURE <u>A.C. Fisher Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.M. O'Donnell</u>		ADDRESS <u>Hannibal Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

189-0

RECEIVED APR 7 1958  
MARION CO. HEALTH DEPT.  
DATE FILED APR 7 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..... *H. M. O'Donnell*

Licensed Embalmer No. 3889

P. O. Address Hannibal Mo

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.