FILED AUG 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29324

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 297

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place): 0644
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: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
d. STREET ADDRESS (If rural, give location): 3508 West Ely Road

3. NAME OF DECEASED (Type or Print): a. (First) Maude b. (Middle) Frances c. (Last) Whisenand

4. DATE OF DEATH (Month) (Day) (Year): August 8, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 8, 1888
9. AGE (In years last birthday): 65 — If under 1 year: Months 2, Days; If under 24 hrs.: Hours, Min.
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): Macon County Missouri
12. CITIZEN OF WHAT COUNTRY?: U S A
13a. FATHER'S NAME: Tempel Lunday
13b. MOTHER'S MAIDEN NAME: Marilda Handy
14. NAME OF HUSBAND OR WIFE: A.J.Whisenand
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XX — (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: XX
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: A.J.Whisenand Hannibal Missouri

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Possible acute yellow atrophy — ?

DUE TO (c) Arteriosclerotic Heart Disease — 5 years.

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 580 X
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* 2-25-49, 19____, *to* 8-8-53, 19____, *that I last saw the deceased alive on* 8-8-53, 19____, *and that death occurred at* 2:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M. D.
23b. ADDRESS: 100 N. Sixth, Hannibal, Mo.
23c. DATE SIGNED: 8-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/11/53
24c. NAME OF CEMETERY OR CREMATORY: Grandview Burial Park
24d. LOCATION (City, town, or county) (State): Hannibal Missouri

DATE REC'D BY LOCAL REG.: 8/14/53
REGISTRAR'S SIGNATURE: Dr E M Lucke 189
FUNERAL DIRECTOR'S SIGNATURE: [signature] ADDRESS: Hannibal Miss
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 20 1953
MARION CO. HEALTH DEPT.
DATE FILED AUG 20 1953

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 L. Grant

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.