

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16624

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 145

| | | | |
|--|--|--|--|
| 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. CITY OR TOWN <u>Hannibal</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>1 week</u> | | e. STREET ADDRESS (If rural, give location) <u>217 North Fifth</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u> | | | |

| | | | | | |
|--|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilhelminia</u> b. (Middle) <u>Herl</u> c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 1954</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>August 1, 1871</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>11</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XX</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

| | | | | | |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>John Sieber</u> | | 13b. MOTHER'S MAIDEN NAME <u>Barbara Mayder</u> | | 14. NAME OF HUSBAND OR WIFE <u>Joe Herl (deceased)</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edward Schultz 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis Vasculi Cerebri</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Chr. Valvular Heart Disease</u> | | | <u>1 year</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (c) <u>Partial Coronary Stenosis</u> | | | <u>2 weeks</u> |

| | | | | | |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4214 H</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) (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 May 1, 1954, to May 12, 1954, that I last saw the deceased alive on May 12, 1954, and that death occurred at 1:00 P.M. m., from the causes and on the date stated above.

| | | | | | |
|--|--|----------------------------------|--|--|--|
| 23a. SIGNATURE <u>Robert J. Lanning M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Hannibal, Mo</u> | | 23c. DATE SIGNED <u>5/14/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5/15/54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u> | | | | | |

| | | | | | | | |
|---|--|--|--|---|--|----------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>5/15/54</u> | | REGISTRAR'S SIGNATURE <u>Dr. M. L. ...</u> | | FEDERAL DIRECTOR'S SIGNATURE <u>...</u> | | ADDRESS <u>Hannibal Missouri</u> | |
|---|--|--|--|---|--|----------------------------------|--|

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

RECEIVED
MAY 21 1954
MARION CO. HEALTH DEPT.
DATE FILED
MAY 21 1954

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No...4540...

P. O. Address..Hannibal, Miss

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.