

Dr. Walterscheid
FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41346**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **384**

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 township) OR TOWN Hannibal	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Hannibal	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		STREET ADDRESS (If rural, give location) 1204 Ely St.,	

3. NAME OF DECEASED (Type or Print) a. (First) Arch	b. (Middle) William	c. (Last) Elder	4. DATE OF DEATH (Month) (Day) (Year) 12-20-55
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/29/1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY International	9. AGE (In years last birthday) 62
		11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Arthur Elder	13b. MOTHER'S MAIDEN NAME Sarah Dollin	14. NAME OF HUSBAND OR WIFE Fannie Elder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fannie Elder, 1204 Ely

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION Hannibal, Mo.	INTERVAL BETWEEN ONSET AND DEATH 2 weeks
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Wenema		
ANTECEDENT CAUSES	DUE TO (b) Carcinomatosis	1 year
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) Carcinoma of Lung	?
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) 161X		

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) Hannibal Marion Ind.
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 **July 20, 1955**, to **12/19/55**, 19____, that I last saw the deceased alive on **12/19/55**, 19____, and that death occurred at **6:24 A** m., from the causes and on the date stated above.

23a. SIGNATURE J. Walterscheid M.D.	(Degree or title)	23b. ADDRESS Hannibal Mo.	23c. DATE SIGNED Dec 21, 55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/23/55	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal, Mo.
DATE REC'D BY LOCAL REG. 12/24/55	REGISTRAR'S SIGNATURE W. E. M. Lucke	189-C	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Adonell ADDRESS Hannibal, Mo.

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

RECEIVED DEC 29 1955
MARION CO. HEALTH DEPT.
DATE FILED DEC 29 1955

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 *W. M. O'Donnell*.....

Licensed Embalmer No. 3889

P. O. Address..... Hannibal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.