

Dr. Walterscheid
FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14012**

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| BIRTH NO. _____ | | REG. DIST. NO. 209 | PRIMARY REG. DIST. NO: 3043 | Registrar's No. 154 |
| 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. 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 | | e. STREET ADDRESS (If rural, give location) 3019 Marsh | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Lillie | | b. (Middle) E. | c. (Last) Chandler | 4. DATE OF DEATH (Month) (Day) (Year) 4-19-56 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 10-23-1880 | 9. AGE (In years last birthday) 75 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Harvest Station, Tenn. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME David W. Vann | | 13b. MOTHER'S MAIDEN NAME Kathryn Biffle | 14. NAME OF HUSBAND OR WIFE Edward Chandler | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. D. W. L. Chandler, 2514 Chestnut St., Hannibal, Mo. | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION Hannibal, Mo. INTERVAL BETWEEN ONSET AND DEATH 1 week I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis, general DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 18a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hannibal Marion Mo. | |
| 21. 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 4/13/56 , 19 56 , to 4/20/56 , 19 56 , that I last saw the deceased alive on 4/20/56 , 19 56 , and that death occurred at 6:35 A.M. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) D. W. Walterscheid M.D. | | 23b. ADDRESS Hannibal Mo. | | 23c. DATE SIGNED 4/20/56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4/23/56 | 24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Pk. | 24d. LOCATION (City, town, or county) (State) Hannibal, Mo. | |
| DATE REC'D BY LOCAL REG. 5/2/56 | REGISTRAR'S SIGNATURE H. E. M. Luche R. H. C. Fisher | 25. FUNERAL DIRECTOR'S SIGNATURE N. M. O'Donnell | | ADDRESS Hannibal, Mo. |

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 11 1956
MARION CO. HEALTH DEPT.
DATE FILED MAY 11 1956

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 *J. 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. (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.