

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

No. 300

10.48

FILED JUL 5 1956

State File No. 21218

217 ~~409~~
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST., NO. <u>3043</u>		State File No. <u>21218</u>		Registrar's No. <u>217</u> 409	
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>Ralls</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>			c. LENGTH OF STAY (in this place) <u>3 1/2</u> Hours		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"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>RFD #1</u> <u>0870,</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ATLEEN JOHANNA</u> b. (Middle) _____ c. (Last) <u>WOEHRMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1956</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>November 8, 1902</u>		9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 1 HRS. Hours <u>9</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Ralls County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>Ernest Derick Woehrmann</u>		13b. MOTHER'S MAIDEN NAME <u>Carolyn Kilian</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carolyn Woehrmann</u>			ADDRESS _____		
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>Coronary occlusion</u> ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>4 yrs</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			4201		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) _____		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 _____, 1951, to <u>6-17, 1956</u> , that I last saw the deceased alive on <u>6-16, 1956</u> , and that death occurred at <u>6:45P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (In ink or title) <u>[Signature]</u>				23b. ADDRESS <u>Hannibal MO</u>			23c. DATE SIGNED <u>6-18-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/20/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>				
DATE REC'D BY LOCAL REG. <u>6-23-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Hannibal Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED JUL 3 1956
MARION CO. HEALTH DEPT.
DATE FILED JUL 3 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.....
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 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.