

FILED SEP 28 1956 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 328

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>Hannibal</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Levering Hospital</b>		d. STREET ADDRESS <b>Levering Hospital</b>	
Length of stay in 1b <b>10 da.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>First</b> <b>KIMBERLY</b> <b>Middle</b> <b>ANN</b> <b>Last</b> <b>CANTWELL</b>			4. DATE OF DEATH Month <b>9</b> - Day <b>10</b> - Year <b>56</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9 - 1 - 56</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months <b>10</b>	Days <b>10</b> Hours <b>0</b> Min. <b>0</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>Hannibal, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13. FATHER'S NAME <b>John V. Cantwell</b>	14. MOTHER'S MAIDEN NAME <b>Nancy Mullen.</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. -----	17. INFORMANT <b>John V. Cantwell, 205 S. Maple Ave</b>	Address <b>Hannibal, Mo</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonitis</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **7:25 A.** to \_\_\_\_\_ and last saw <sup>her</sup> <sub>him</sub> alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>M. H. Keller M.D.</i> (Degree or title)	22b. ADDRESS <b>Hannibal, Mo.</b>	22c. DATE SIGNED <b>9-25-56</b>
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23a. BURIAL, CREMATION, RENOVATION (Specify) <b>Burial</b>	23b. DATE <b>9 - 11 - 56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Hannibal, Missouri</b>
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24. FUNERAL DIRECTOR <b>Jack Schwartz, 1000 Broadway</b>	25. DATE RECD. BY LOCAL REG. <b>9-25-56</b>	26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke By W. E. Fisher</i>
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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED SEP 26 1958  
MARION CO. HEALTH DEPT.,  
DATE FILED SEP 26 1958

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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..... *Jack Schwartz*.....  
Licensed Embalmer No. *4900*.....

P. O. Address *Hamil*.....

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