Dr Porter

FILED OCT 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31398

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 349

Health, Welfare Public Service

300 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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 612 Church — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal 0640 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 612 Church — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Margaretta Middle Last Keraghar
4. DATE OF DEATH: Month 10 Day 9 Year 1956
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 8-29-1878
9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Keokuk Iowa
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edwin J. McGavic
14. MOTHER'S MAIDEN NAME: Nancy Lewis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss Lena McGavic Address: 612 Church St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Bladder Hannibal Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Unknown
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 24 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 18 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug 10-1955 to October 9-1956 and last saw her alive on Oct. 8-1956
Death occurred at 4:50 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E A Porter B Sc DO.
22b. ADDRESS: 412 Center St. Hannibal, Mo
22c. DATE SIGNED: 10/10/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/11/56
23c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery
23d. LOCATION (City, town, or county) (State): Keokuk, Iowa

24. FUNERAL DIRECTOR: W M O'Donnell ADDRESS: Hannibal, Mo
25. DATE RECD. BY LOCAL REG.: Oct 11/1956
26. REGISTRAR'S SIGNATURE: Dr Ellen Lucke By H C Fisher

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED OCT 1 2 1958
MARION CO. HEALTH DEPT.
DATE FILED OCT 1 2 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

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..38

P. O. Address.Hannib

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.