

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 34768

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 390

300
1-56

Dietary, 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				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion							
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hannibal		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) Levering Hospital			Length of stay in lb	d. STREET ADDRESS (If outside, give location) 806A Center			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) EMMA				First EMMA	Middle L.	Last EHRMAN	4. DATE OF DEATH October 31, 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 16, 1886		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 6 Days 15	IF UNDER 24 HRS. Hours Min. 		
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 country) Nebraska		12. CITIZEN OF WHAT COUNTRY? U S A				
13. FATHER'S NAME H. C. Mackey				14. MOTHER'S MAIDEN NAME Louisia J. Wade							
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. None		17. INFORMANT Arthur L. Eadman Hannibal Missouri							
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 pancreas								INTERVAL BETWEEN ONSET AND DEATH 1 mo			
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 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 Month Day Year 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 Hannibal		COUNTY Marion		STATE Missouri			
21. I attended the deceased from _____, to _____, and last saw ^{her} / _{him} alive on _____. Death occurred at 4:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE R. Medtrony MD				22b. ADDRESS Hannibal, Mo				22c. DATE SIGNED 11-7-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/2/1956	23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery			23d. LOCATION (City, town, or county) (State) Hannibal Missouri					
24. FUNERAL DIRECTOR W. Crawford Smith				ADDRESS Hannibal Missouri		25. DATE RECD. BY LOCAL REG. 11-7-1956		26. REGISTRAR'S SIGNATURE Dr. E. M. Suckly			

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MARION CO. HEALTH DEPT.
DATE FILED NOV 9 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *H. C. Crawford Smith*

Licensed Embalmer No... 3814.

P. O. Address... Hannibal. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (1)
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.