

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38775

STATE FILE NUMBER

78347-26

FILED DEC 10 1956

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 425

1. PLACE OF DEATH a. COUNTY MARION				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ADAMS				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BAYLIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR LEVERING HOSPITAL				Length of stay in lb		d. STREET ADDRESS (If outside, give location)		
3. NAME OF DECEASED (Type or print) First Middle Last BRENDA WATERS				4. DATE OF DEATH Month Day Year NOV. 26, 1956				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH NOV. 26th. 1956		9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months Days Hours Mins 9 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) HANNIBAL, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JAMES WILFORD WATERS				14. MOTHER'S MAIDEN NAME BETTY IRENE SCHUSSLER				
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 Address JAMES W. WATERS BAYLIS, ILL				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Atelectasis</u> DUE TO (b) <u>Premature birth</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 9 hrs 15 min	
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.) 7625					
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		COUNTY STATE		
21. I attended the deceased from 11-26-56 to 11-26-56 and last saw her alive on NOV. 26, Death occurred at 2:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Ransom Burns, M.D.				22b. ADDRESS Hannibal, Missouri		22c. DATE SIGNED 11-29-56		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV. 28, 1956	23c. NAME OF CEMETERY OR CREMATORY BAYLIS CEMETERY		23d. LOCATION (City, town, or county) (State) BAYLIS, ILL.			
24. FUNERAL DIRECTOR SKINER FUNERAL HOME GRIGGSVILLE				ADDRESS 12-1-56		25. DATE RECD. BY LOCAL REG.		
						26. REGISTRAR'S SIGNATURE Dr. E.M. Lucke, By W.C. Fisher		

(Licensed Embalmer's Statement on Reverse Side)

I must be causally related. Coroner cannot certify to a death due to natural causes. 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

RECEIVED DEC 7 1958
MARION CO. HEALTH DEPT.
DATE FILED DEC 7 1958

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..

NOT EMBALMED

Student.....
Signature of Student Embalmer

Signed.....
H. Crawford Smith

Licensed Embalmer No. *38*

P. O. Address *Hannout*

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