

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45010

FILED MAR 29 1957

STATE FILE NUMBER 477

Registration District No. 209 Primary Registration District No. 3043

Registrar's No. 477

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> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Hannibal</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED <b>Becky Fletcher Borch</b> HOSPITAL OR INSTITUTION <b>711 Church St.</b> Date of stay in lb <b>46 yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>2007 Chestnut St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>FLORENCE</b> Middle <b>MAMIE</b> Last <b>KNOLLHOFF</b>			4. DATE OF DEATH Month <b>12</b> Day <b>20</b> Year <b>56</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 18, 1897</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>3</b> Hours <b>2</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Vamper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Int. Shoe Co.</b>		11. BIRTHPLACE (City and state or country) <b>Quincy, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>			13. FATHER'S NAME <b>Chester Kerr</b>		
14. MOTHER'S MAIDEN NAME <b>Mary Penzold</b>			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. <b>490-07-5479</b>			17. INFORMANT <b>2007 Chestnut, Hannibal, Mo</b> <b>Harry Edwin Knollhoff</b>		

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>Cerebral thrombosis.</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) <b>Diabetes mellitus</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 COUNTY STATE	

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at **10:15 A. M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **Hannibal Mo** 22c. DATE SIGNED **Dec 31/56**

23a. BURIAL, CREMATION, REMOVAL (State)	23b. DATE <b>12-22-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Grand View Burial Pk.</b>	23d. LOCATION (City, town, or county) (State) <b>Hannibal, Mo.</b>
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24. FUNERAL DIRECTOR <b>Jack Schwartz</b>	ADDRESS <b>Hannibal, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>3-25-57</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 MAR 28 1957  
MARION CO. HEALTH DEPT.  
DATE FILED MAR 28 1957

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. 48  
P. O. Address.....

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.