FILED FEB 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2013
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 42

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 St. Elizabeth Hosp. — Length of stay in Ib 1 wk.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Hannibal — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 122 N. Levering (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ANNA Middle CATHERINE Last HEILWAGON
4. DATE OF DEATH Month 1 Day 15 Year 57
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH June 6, 1870
9. AGE (In years last birthday) 86
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Quincy, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Adam Stolberg
14. MOTHER'S MAIDEN NAME Catherine Bertsol
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 W.R. Heilwagon, 122 N. Levering Address Hannibal, Mo.

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) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic vascular disease — 1 year
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4500
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 1/8/57 to 1/15/57 and last saw her him alive on 1/15/57
Death occurred at 7:45 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Reed Lanning M.D. (Degree or title)
22b. ADDRESS B & L Building, Hannibal, Missouri
22c. DATE SIGNED 2/1/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-17-57
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State) Hannibal, Mo.

24. FUNERAL DIRECTOR Jack Schwartz ADDRESS Hannibal, Mo.
25. DATE RECD. BY LOCAL REG. 2-2-57
26. REGISTRAR'S SIGNATURE Dr Em Tucke By W C Tucker

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 5 1957
MARION CO. HEALTH DEPT.
DATE FILED FEB 5 1957

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.....

Licensed Embalmer No.....

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.