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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Roller

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2020

STATE FILE NUMBER

FILED JAN 21 1957

Registration District No. 209 Primary Registration District No. 3048 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>			Length of stay in 1b	d. STREET ADDRESS <u>520 Wilson</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Wanita</u> Middle <u>Gene</u> Last <u>Moore</u>				4. DATE OF DEATH Month <u>1</u> Day <u>9</u> Year <u>1957</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>3/18/1933</u>		9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Bethel, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>William Palmer</u>				14. MOTHER'S MAIDEN NAME <u>Lucy Turner</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>William T. Moore, 520 Wilson</u>			
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>Hannibal, Mo</u> <u>Primary shock and toxemia due to hemorrhage</u> <u>into peritoneum, hysterectomy for ruptured uterus, virus pneumonia,</u> <u>toxic nephrosis.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" 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 _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT <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 <u>Jan 8, 1957</u> to <u>Jan 9, 1957</u> and last saw her alive on <u>Jan 9, 1957</u> Death occurred at <u>7:35A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. R. Roller, M.D.</u>				22b. ADDRESS <u>Hannibal, Mo.</u>		22c. DATE SIGNED <u>Jan 14/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)
<u>Burial</u>		<u>1/12/57</u>	<u>Mt. Olivet Cemetery</u>		<u>Hannibal, Mo</u>		
24. FUNERAL DIRECTOR ADDRESS <u>W. M. O'Donnell Hannibal, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Jan 14 1957</u>		26. REGISTRAR'S SIGNATURE <u>W. E. Lucke By H. C. Fisher</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 18 1957
MARION CO. HEALTH DEPT.
DATE FILED JAN 18 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..... *J. M. O'Donnell*

Licensed Embalmer No... 388

P. O. Address... Hannibal

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.