

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9401  
STATE FILE NUMBER

FILED MAR 29 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 108

Health & Welfare  
Public  
Service

S. 300  
v. 1-56

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

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> <u>0644</u> <u>0</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>Residence 501 North Fourth</u>		Length of stay in 1b <u>Fourth</u>	d. STREET ADDRESS (If outside, give location) <u>501 North Fourth</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>MUDD</u> Last <u>MUDD</u>			4. DATE OF DEATH Month <u>March</u> Day <u>23</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>December 10, 1898</u>
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>13</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <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>Frankford Missouri</u>
13. FATHER'S NAME <u>Marsh T. Donovan</u>		14. MOTHER'S MAIDEN NAME <u>Maud (not known)</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. <u>None</u>	17. INFORMANT <u>Sidney Mudd, Hannibal Missouri</u> Address
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>Car Carcinomatosis</u> <u>carcinoma of breast</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Car Carcinoma of Breast</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>170x</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 and 1 year</u>
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 <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>11-2-53</u> to <u>3-23-57</u> and last saw her <sup>her</sup> <sub>last</sub> alive on <u>11-20-56</u> Death occurred at <u>9:25</u> A <u></u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jessie A. Denny M.D.</u> (Degree or title)		22b. ADDRESS <u>Hannibal Mo</u>	22c. DATE SIGNED <u>3-25-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>	23c. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
24. FUNERAL DIRECTOR OR ADDRESS <u>John Strunk Hannibal Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>3-27-1957</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Luckey by J. C. Fisher</u>

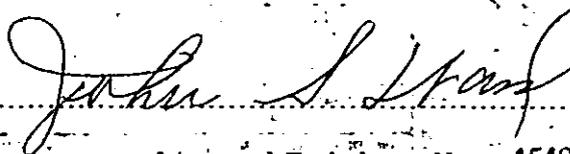
(Licensed Embalmer's Statement on Reverse Side)

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.... 4540

P. O. Address Hannibal Missouri

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