

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13947

STATE FILE NUMBER

DR. ROLLER

FILED APR 26 1957

Registration District No.

209

Primary Registration District No.

3043

Registrar's No.

149

Health, & Welfare Public Service

300 1-56

All diseases will be listed. All

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.

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1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) •OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Beckey Thatcher		d. STREET ADDRESS 214 1/2 Hill St.,	
3. NAME OF DECEASED (Type or print) Gertha		4. DATE OF DEATH 4/15/57	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 8/27/1875	
9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR Months Days 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	
11. BIRTHPLACE (City and state or country) Kinderhook, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Warren Clutch		14. MOTHER'S MAIDEN NAME Mary Gaines	
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.	
17. INFORMANT Mrs. Ollie Smith, Center, Missouri		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>Cerebral Thrombosis</u> 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)		INTERVAL BETWEEN ONSET AND DEATH	
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 Hannibal		COUNTY STATE Marion Missouri	
21. I attended the deceased from 13 April to 15 April and last saw her/him alive on 15 April 1957. Death occurred at 11:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or cleric)		22b. ADDRESS Hannibal Mo.	
22c. DATE SIGNED 4/22/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/17/57	
23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park		23d. LOCATION (City, town, or county) Hannibal, Mo.	
24. FUNERAL DIRECTOR H M O'Donnell		25. DATE RECD. BY LOCAL REG. 4/22/57	
ADDRESS Hannibal, Mo.		26. REGISTRAR'S SIGNATURE H M Lucke By H O Fisher	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 24 1957
MARION CO. HEALTH DEPT.
DATE FILED APR 24 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..... *J. M. O'Donnell*

Licensed Embalmer No. 3889

P. O. Address Hannibal,

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.