

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1314 Park Ave.</u> <u>06470</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Verna</u> b. (Middle) <u>E.</u> c. (Last) <u>McCarter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 - 30 - 57</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept 17, 1889</u>		9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Pike County, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>					

13a. FATHER'S NAME <u>Thomas J. Spencer</u>		13b. MOTHER'S MAIDEN NAME <u>Lila J. Kaylor</u>		14. NAME OF HUSBAND OR WIFE <u>James K. McCarter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>James K. McCarter</u> ADDRESS <u>Hannibal, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>bleeding erosion of esophagus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>partial pyloric obstruction gastric retention</u> DUE TO (c) <u>metastatic ca of liver ca left breast 19 month</u>		I month 4 months 19 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <u>170x</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 5/12/57, 1957, to 5/30/57, 1957, that I last saw the deceased alive on 5/30/57, 1957, and that death occurred at 7:55P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. E. Sultzman M.D.</u>		23b. ADDRESS <u>115 N. 5th St., Hannibal Mo</u>		23c. DATE SIGNED <u>6/1 57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-2-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Barry, Ill.</u>	

DATE REC'D BY LOCAL REG. <u>6-10-57</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Hannibal, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 12 1957

RECEIVED

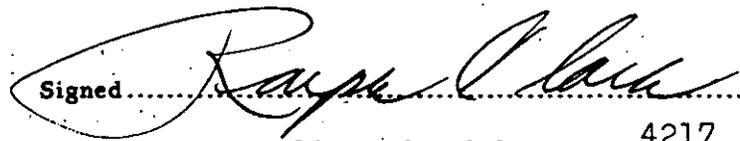
MARION CO. HEALTH DEPT.

DATE FILED JUN 12 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. 4217

P. O. Address Hannibal, Mo.

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.