

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 0 17948  
State File No. ....

FILED MAY 31 1957

BIRTH NO. 23429-57 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>Hannibal</b>	
c. LENGTH OF STAY (If this place) <b>25 days</b>		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 <b>St. Elizabeth Hospital</b>		STREET ADDRESS (If rural, give location) <b>St. Elizabeth Hospital</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Catherine</b> b. (Middle) <b>Rose</b> c. (Last) <b>Wellman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 19 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>24 April 1957</b>
9. AGE (In years last birthday) <b>0</b>		IF UNDER 1 YEAR Months <b>0</b> Day <b>25</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Hannibal, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Lawrence Wellman</b>	
13b. MOTHER'S MAIDEN NAME <b>Leola Couch</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Lawrence Wellman, Palmyra, Missouri</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute loss of lung</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Megacolon</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>1 day since birth</b>			
19a. DATE OF OPERATION <b>5/18/57</b>	19b. MAJOR FINDINGS OF OPERATION <b>Megacolon</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) <b>756.2</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <b>5/24/57</b> 19 <b>57</b> , to <b>May 19, 1957</b> , that I last saw the deceased alive on <b>May 18, 1957</b> , and that death occurred at <b>2:45A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>J. Hall M.D.</b> (Degree or title)		23b. ADDRESS <b>Palmyra Mo.</b>	
23c. DATE SIGNED <b>5/27/57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>20 May 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph's</b>	24d. LOCATION (City, town, or county) (State) <b>Palmyra, Missouri</b>
DATE REC'D BY LOCAL REG. <b>5-29-57</b>	REGISTRAR'S SIGNATURE <b>Orin M. Luckey</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W.C. Fisher</b> ADDRESS <b>Palmyra, Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 29 1957  
MARION CO. HEALTH DEPT.  
DATE FILED MAY 29 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 *George M. Lewis*

Licensed Embalmer No. 4851

P. O. Address Palmyra, 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.