

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18259
STATE FILE NUMBER

FILED MAY 21 1957

Registration District No. 292 Primary Registration District No. 6004 Registrar's No.

Health, Welfare Public Service

300 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 Ralls		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 Saverton township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Hannibal
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mississippi River.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1014 Lindell Ave.
3. NAME OF DECEASED (Type or print) MARGARET BARRY		4. DATE OF DEATH May 9, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 22, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even, if retired) waitress		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	9. AGE (In years last birthday) 57
11. BIRTHPLACE (City and state or country) Hannibal, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Christian Lavoo		14. MOTHER'S MAIDEN NAME Mattie C.	
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 W.J. Barry, 1014 Lindell, Hannibal
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowned in Mississippi River.			INTERVAL BETWEEN ONSET AND DEATH Unknown.
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) 42			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Either jumped or fell into river Thurs May 9, 1957		
20c. TIME OF INJURY Hour Month, Day, Year 5-9-1957	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Mississippi River Bridge, Hannibal, Mo.		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Hannibal, Mo.		
21. I attended the deceased from No Medical attention. and last saw ^{her} _{him} alive on 5-9-57 Death occurred at About 11:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Clyde C. Mickey (Degree or title) CORONER.		22b. ADDRESS Perry, Mo. Ralls Co.	
22c. DATE SIGNED 5-13-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-15-57	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Hannibal, Mo.
24. FUNERAL DIRECTOR Jack Schwart - Hannibal ADDRESS		25. DATE RECD. BY LOCAL REG. 5-15-57	26. REGISTRAR'S SIGNATURE Clyde C. Mickey

(Licensed Embalmer's Statement on Reverse Side)

Mississippi

Mississippi River

Mississippi River

RECEIVED
OCT 25 1957

OCT 25 1957

UNIVERSITY

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

Jack Libbert
Licensed Embalmer No. 490

P. O. Address
Humboldt

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

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.