

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1957

157 02 1853
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 222

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 St. Elizabeth Hosp.		d. STREET ADDRESS 324 S. 7th St.	
Length of stay in lb 31 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Peter Louis Korschgen			4. DATE OF DEATH June 5 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH August 17, 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 0 Days 4 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator		10b. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (City and state or country) Ft. Madison, Iowa	
13. FATHER'S NAME Julius Korschgen			14. MOTHER'S MAIDEN NAME Barbara Ellen Smith		
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 Address Mrs. Myrtle V. Korschgen, 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) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Uremia	30 days
	DUE TO (c) Hypertensive cardio-vascular disease	10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Prostatic Hypertrophy, 3 years		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 a. m. Month, Day, Year	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 Hannibal Marion Mo.	

21. I attended the deceased from **5/2/57** to **6/5/57** and last saw **him** alive on **6/5/57**
Death occurred at **9:50 P. m.** on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) J. H. Wittich M.D.	21b. ADDRESS 508 Broadway, Hannibal, Mo.	21c. DATE SIGNED 6/7/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-8-57	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Hannibal, Mo.
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24. FUNERAL DIRECTOR Frank Selwitz - Hannibal	25. DATE RECD. BY LOCAL REG. 6/14/57	25. REGISTRAR'S SIGNATURE W. M. Lucke, Registrar
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(Licensed Embalmer's Statement on Reverse Side)

with, welfare, public service, 00, -56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Coroner cannot certify to a death due to natural causes, diseases in Part I must be casually related.

MEDICAL CERTIFICATION

JUN 19 1957

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED JUN 19 1957

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

Signed..... *Jack Stewart*

Licensed Embalmer No. *49*

P. O. Address *Hamil*

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