

FILED JUL 17 1957

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 248

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 1808 Broadway		d. STREET ADDRESS 1808 Broadway	
3. NAME OF DECEASED (Type or print) Josephine L. Dietrich		4. DATE OF DEATH 7/3/57	
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 5/25/1873
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) Ralls Co., Mo.
13. FATHER'S NAME Fred Meyer		14. MOTHER'S MAIDEN NAME Louisa Steckler	
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 Miss Louisa Dietrich, 1808 Broadway		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) Mucocutaneous thromboses		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio-sclerosis		?	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. 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 COUNTY STATE	
21. I attended the deceased from 6-29-57 to 7-3-57 and last saw her alive on 7-2-57 Death occurred at 11:35 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE [Signature] (Degree or title)	
22b. ADDRESS [Address]		22c. DATE SIGNED 7-8-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/6/57	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	23d. LOCATION (City, town, or county) (State) Hannibal, Missouri
24. FUNERAL DIRECTOR JM O'Donnell	ADDRESS Hannibal, Mo.	25. DATE RECD. BY LOCAL REG. 7-9-57	26. REGISTRAR'S SIGNATURE [Signature]

MEDICAL CERTIFICATION

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED JUL 16 1957
MARION CO. HEALTH DEPT.,
DATE FILED JUL 16 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *H. M. O'Donnell*

Licensed Embalmer No. 388

P. O. Address Hannibal,

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.