

FILED AUG 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25372

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 274

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. 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. Eliz Hosp.		Length of stay in 1b 1 wk	
d. STREET ADDRESS 1814 Grace St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Charlotte Katherine Hickman		4. DATE OF DEATH Month Day Year 7 - 27 - 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 May 22, 1882
9. AGE (In years last birthday) 75		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Canton, MO.	
13. FATHER'S NAME John D. Schloger		12. CITIZEN OF WHAT COUNTRY? US	
14. MOTHER'S MAIDEN NAME Mary K. Hetzler		17. INFORMANT Address Mrs. Joe Farrell Hannibal, Mo.	
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.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetic Melitus  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Diabetic Coma DUE TO (c) Bronchial pneumonia 260X			INTERVAL BETWEEN ONSET AND DEATH 1 year 5 days 3 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arterioscleriotic vascular disease			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 Month, Day, Year 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 July 23, 1957 to July 27, 1957 and last saw her/him alive on July 27, 1957 Death occurred at 3:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <i>Robert Lanning, M.D.</i>		22b. ADDRESS B & L Building, Hannibal, Mo.	22c. DATE SIGNED 7/29/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-30-57	23c. NAME OF CEMETERY OR CREMATORY Forrest Grove Cemetery	23d. LOCATION (City, town, or county) Canton, Mo.
24. FUNERAL DIRECTOR <i>Joseph Clark</i>		ADDRESS Hannibal, Mo.	25. DATE RECD. BY LOCAL REG. 7/30/57
26. REGISTRAR'S SIGNATURE <i>W. B. Lucker, Reg. M. Fisher</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 30 1957  
MARION CO. HEALTH DEPT.  
DATE FILED JUL 30 1957

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STATEMENT BY LICENSED EMBALMER

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

Student.....  
Signature of Student Embalmer

Signed..... 

Licensed Embalmer No.....

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.