FILED AUG 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25397
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 269

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hosp — Length of stay in 1b 1 wk

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ill. b. COUNTY Pike
c. CITY OR TOWN Hull 6120 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R R # 1. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Loretta Middle H. Last Tharp

4. DATE OF DEATH Month 7 Day 23 Year 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 1-20-1885
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
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) Adams County, Ill.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME James Calmer
14. MOTHER'S MAIDEN NAME Alvira Jackson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Joseph Tharp Address Hull, Ill. ~~Hannibal, Mo.~~

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia — 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hodgkins disease — 3 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 201 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1/1/57 to 7/23/57 and last saw her/him alive on 7/23/57
Death occurred at 6:30P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE T.W. Turcell MD (Degree or Title)
22b. ADDRESS Hull, Ill
22c. DATE SIGNED 7-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-26-1957
23c. NAME OF CEMETERY OR CREMATORY Benville Cemetery
23d. LOCATION (City, town, or county) Baylis, (State) Ill.

24. FUNERAL DIRECTOR Kaye Clark ADDRESS Hannibal, Mo.
25. DATE RECD. BY LOCAL REG. 7/26/57
26. REGISTRAR'S SIGNATURE Dr E M Lucke By M C Fisher

(Licensed Embalmer's Statement on Reverse Side)

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

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

Licensed Embalmer No. 421

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.