

with welfare public service

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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.

890

FILED AUG 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28759

STATE FILE NUMBER 1306
REGISTRAR'S NO. 1306

Registration District No. 209 Primary Registration District No. 3043

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital		Length of stay in 1b 12 hrs	d. STREET ADDRESS (If outside, give location) 2335 Market St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Nellie			4. DATE OF DEATH Month 8 Day 1 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct 22, 1883	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Diet Kitchen		10b. KIND OF BUSINESS OR INDUSTRY Levering Hosp.	11. BIRTHPLACE (City and state or country) Frankford, Mo.	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME M.T. Donovan			14. MOTHER'S MAIDEN NAME Maud Unsell		
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 Glenna Conrad Hannibal, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombosis leg DUE TO (c) Complete Heart Block PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
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 4:30 Month, Day, Year a. m. p. m.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 8/1 July 1957 to 1 Aug 1957 and last saw her/him alive on 31 July 1957 Death occurred at 2:30A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Wyneth Hamlin M.D.			22b. ADDRESS Palmyra Mo.		22c. DATE SIGNED 8/13/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-3-1957	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park		23d. LOCATION (City, town, or county) (State) Hannibal, Mo.
24. FUNERAL DIRECTOR Alph Clark		ADDRESS Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. 8-12-57	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. B. Fisher

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 20 1957

MARION CO. HEALTH DEPT.

DATE FILED AUG 20 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
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.