

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI  
**DIVISION CERTIFICATE OF DEATH**

**2391**

STATE FILE NUMBER

**FILED JAN 22 1958**

Registration District No. 292 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence R F D # 3</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>R F D # 3</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>GRETCHEN</u> Middle <u>H.</u> Last <u>LAVOO</u>			4. DATE OF DEATH Month <u>January</u> Day <u>11</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>September 24, 1896</u>		9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u> IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Ralls County Missouri</u>	
10c. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Edward Lavoo</u>		13b. MOTHER'S MAIDEN NAME <u>Margery Blair</u>	
13c. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Miss Edna M. Lavoo Hannibal Missouri</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Virus infection</u> DUE TO (b) <u>Unable to state</u> DUE TO (c) <u>Had epilepsy since birth</u> 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 <u>About one week.</u>	
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 <u>Hannibal</u>		20g. COUNTY <u>Ralls</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>1/8/58</u> to <u>1/10/58</u> and last saw her/him alive on <u>1/10/58</u> Death occurred at <u>11:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>H. C. Hilton, M.D.</u>			22b. ADDRESS <u>500 Broadway</u>		22c. DATE SIGNED <u>1/14/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/14/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Hannibal Ralls, Missouri</u>
24. FUNERAL DIRECTOR <u>W. C. ...</u>		ADDRESS <u>Hannibal Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>1/18/58</u>	26. REGISTRAR'S SIGNATURE <u>Edna M. Lavoo</u> by <u>Dr. ...</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

Student .....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No...7814.....

P. O. Address...Hannibal, Missouri

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