

FILED FEB 27 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006450

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 621

1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1908 Settle St</u>			Length of stay in 1b			d. STREET ADDRESS (If outside, give location) <u>1908 Settle St</u>	
3. NAME OF DECEASED (Type or print) <u>CATHERINE RUTH MINTER</u>				4. DATE OF DEATH <u>2-18-1958</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 30-1932</u>	
9. AGE (In years last birthday) <u>25</u>		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) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (City and state or country) <u>Hannibal, Mo</u>	
13. FATHER'S NAME <u>Walter Conley</u>				14. MOTHER'S MAIDEN NAME <u>Anna Chapman</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. <u>—————</u>		17. INFORMANT <u>James Minter</u>		
						Address <u>1908 Settle St</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>Carcinoma of Cervix &amp; metastasis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) _____							
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.) <u>171X</u>				
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.) <u>—————</u>		20f. CITY, TOWN, OR LOCATION <u>Hannibal, Mo</u>		COUNTY _____ STATE _____	
21. I attended the deceased from <u>Aug 19, 1957</u> to <u>Feb 18, 1958</u> and last saw her alive on <u>Feb 18, 1958</u> Death occurred at <u>7:35 a m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Cornelius C. Welch, M.D.</u>					22b. ADDRESS <u>Hannibal, Mo</u>		22c. DATE SIGNED <u>2-27-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Feb. 20-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>		23d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo</u>	
24. FUNERAL DIRECTOR <u>Geo E. Roberts</u>			ADDRESS <u>—————</u>		25. DATE RECD. BY LOCAL REG. <u>2/24/58</u>		26. REGISTRAR'S SIGNATURE <u>EM Lucke Reg. H. G. Fisher</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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56th,  
office  
lic  
vice

**RECEIVED** FEB 25 1958  
**MARION CO. HEALTH DEPT.**  
**DATE FILED** FEB 25 1958

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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 embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Geo. E. Roberts*.....

Licensed Embalmer No. *211*.....

P. O. Address *Hamm*.....

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.