Health, & Welfare Public Service

Dr. Welch

33019-58

FILED JUN 19 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-022587

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 196

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1. PLACE OF DEATH a. COUNTY: Marion	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Hannibal — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Levering Hospital — Length of stay in 1b	d. STREET ADDRESS (If outside, give location): 2005 W. Gordon — Reside on Farm: Yes [ ] No [X]

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3. NAME OF DECEASED (Type or print) First: Frances	Middle: Ann	Last: Morrison	4. DATE OF DEATH Month Day Year: 5/17/1958
5. SEX: Female 3	6. COLOR OR RACE: Color	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] 0 DIVORCED [ ]	8. DATE OF BIRTH: 5/15/1958
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days: 2	IF UNDER 24 HRS. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -----	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Hannibal, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: William Morrison	13b. MOTHER'S MAIDEN NAME: Dorothy Jane Steward	14. NAME OF HUSBAND OR WIFE: - - -	
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 Address: William Morrison, 2005 W.Gordon	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Hannibal, Mo.

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Immaturity

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): PREMATURE Birth

DUE TO (c): 776X

INTERVAL BETWEEN ONSET AND DEATH: 2 days

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 [ ] NO [X] 2

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 5-15-58, to 5-17-58 and last saw her alive on 5-17-58

Death occurred at 2:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Cornelius O Welch, M.D. 0	22b. ADDRESS: 1217 ~~Hannibal~~ Church, Hannibal, Mo	22c. DATE SIGNED: 6-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5/17/58	23c. NAME OF CEMETERY OR CREMATORY: Baptist Cemetery
23d. LOCATION (City, town, or county) (State): Hannibal, Mo.		
24. FUNERAL DIRECTOR ADDRESS: H.M.O'Donnell, Hannibal, Mo.	25. DATE RECD. BY LOCAL REG.: 6-16-58	26. REGISTRAR'S SIGNATURE: Dr. E.M. Lucke. By W.C. Fisher

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

RECEIVED JUN 18 1958
MARION CO. HEALTH DEPT.
DATE FILED JUN 18 1958

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. 3889

P. O. Address Hannibal, Mo.

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.