Dr. Francka

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029680
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 272

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hannibal — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Elizabeth — Length of stay in 1b: 0

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal 0644 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 918 Church — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Teresa Middle: Rose Last: Shaw

4. DATE OF DEATH Month Day Year: August 9, 1958

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: Feb. 29, 1876

9. AGE (In years last birthday): 82 — 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): Edina, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Norbert Rose

13b. MOTHER'S MAIDEN NAME: Mary Bigger

14. NAME OF HUSBAND OR WIFE: James Shaw

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: Mrs. Rose Mahoney, 918 Church St., Hannibal, Missouri

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

DUE TO (b) Generalized Art. Sclerosis — ?

DUE TO (c) Fractured arm (Humerus) — 3 weeks

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

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 332XF

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fell in Hospital

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 _____, to _____ and last saw her/him alive on _____. Death occurred at 8:27 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Francka MD

22b. ADDRESS: Hannibal Mo

22c. DATE SIGNED: 8-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug. 13, 1958

23c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery

23d. LOCATION (City, town, or county) (State): Hannibal, Missouri

24. FUNERAL DIRECTOR ADDRESS: H. K. O'Donnell, Hannibal, Mo.

25. DATE RECD. BY LOCAL REG.: 8-13-58

26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. A. Tucker

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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RECEIVED AUG 2 7 1956
MARION CO. HEALTH DEPT.
DATE FILED AUG 2 7 1956

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 ..... Signed W. M. O'Donnell
Signature of Student Embalmer

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.