

Dr. Murphy

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033520
STATE FILE NUMBER

FILED OCT 9 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 321

300
1-57

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal 0644 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 1516 Robinson Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Viva E. Shuck			4. DATE OF DEATH Month Day Year 9/26/1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7/22/1879
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Elk, Pa.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Amos E. Walker		13b. MOTHER'S MAIDEN NAME Rosella Knapp	14. NAME OF HUSBAND OR WIFE Jasper Lewis Shuck
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 Jasper Lewis Shuck, 1516 Robinson 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) Uremia			INTERVAL BETWEEN ONSET AND DEATH 6 to 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Probably nephritis			9030 20 unknown
DUE TO (c) Intertrochanteric fracture left femur			12 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Patient stated she fell over a box in her home	
20c. TIME OF INJURY Hour Month, Day, Year 9:00 p.m. 9:14/58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in her home	
20e. CITY, TOWN, OR LOCATION Hannibal		20f. COUNTY STATE Marion Missouri	
21. I attended the deceased from 9/14/58 to 9/26/58 and last saw her/him alive on 9/26/58 Death occurred at 1:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D. L. Murphy M.D. FAC.		22b. ADDRESS 100 N. 6th, Hannibal, Missouri	22c. DATE SIGNED 9/29/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/29/1958	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park	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. 10-2-1958	26. REGISTRAR'S SIGNATURE Dr. E. M. Duckey by H. C. Fisher

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED OCT 7 1958
MARION CO. HEALTH DEPT.
DATE FILED OCT 7 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 *N. M. O'Donnell*

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.