

FILED JAN 28 1959

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 16

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-57

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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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shady Lawn Lodge		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2400 Broadway

3. NAME OF DECEASED (Type or print) First Middle Last Beatrice Isbister Farrell			4. DATE OF DEATH Month Day Year January 16, 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 1, 1894	9. AGE (In years last birthday) 65	
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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) New York, N.Y.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert Isbister	13b. MOTHER'S MAIDEN NAME Mary A. - -	14. NAME OF HUSBAND OR WIFE Dr. J. J. Farrell
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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 Mrs. Ira Scoville, 2400 Broadway
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Ca		INTERVAL BETWEEN ONSET AND DEATH 9 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Ca of Cervix		18 months
	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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at Jan 1957 to 1-16-59 and last saw her alive on 1-15-59
at 6:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Dr. Francka</i>	(Degree or title)	22b. ADDRESS Hannibal, Mo.	22c. DATE SIGNED 1-19-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 17, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	23d. LOCATION (City, town, or county) Hannibal, Missouri
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24. FUNERAL DIRECTOR H.K.O'Donnell, Hannibal, Mo.	25. DATE RECD. BY LOCAL REG. 1-20-59	26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke, By W. C. Fisher</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: most use only standard nomenclature in Part 10. No symptoms will be treated. All diseases in Part 1 must be causally related.

RECEIVED JAN 26 1959
MARION CO. HEALTH DEPT.
DATE FILED JAN 26 1959

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 *W. 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.