

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006381  
STATE FILE NUMBER

FILED FEB 27 1959

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 48

5. 300  
1-57 C

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

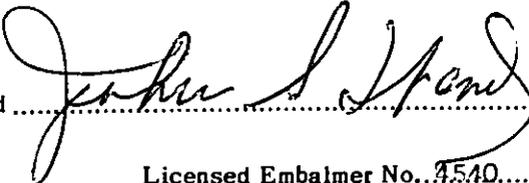
1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hannibal</b> <i>6644</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Levering Hospital</b>		Length of stay in lb <b>2/10/59</b>	d. STREET ADDRESS (If outside, give location) <b>508 Willow</b>
3. NAME OF DECEASED (Type or print) First <b>EFFIE</b> Middle <b>COUCH</b> Last <b>HENDERSON</b>			4. DATE OF DEATH Month <b>February</b> Day <b>16</b> , Year <b>1959</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 24, 1887</b>
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>22</b>	IF UNDER 24 HRS. Hours <b>00</b> Min. <b>00</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Center Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Harry H. Couch</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth</b>		14. NAME OF HUSBAND OR WIFE <b>Robert F. Henderson (Dec)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs. Richard Dauma Hannibal Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of the Pancreas with Metastasis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from <b>2-10-59</b> to <b>2-16-59</b> and last saw her/him alive on <b>2-16-59</b> Death occurred at <b>5:32 P.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>M. J. Roller, M.D.</b>		22b. ADDRESS <b>2910 St. Mary's Ave Hannibal, Mo.</b>	22c. DATE SIGNED <b>Feb 17/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2/18/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Olivet Cemetery</b>
23d. LOCATION (City, town, or county) <b>Center Missouri</b>		23e. DATE RECD. BY LOCAL REG. <b>2-18-59</b>	
24. FUNERAL DIRECTOR <b>Crawford Smith Hannibal Missouri</b>		26. REGISTRAR'S SIGNATURE <b>Dr. Em. Lucke, By W. Fisher</b>	

DATE FILED  
JUN 2 1953

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. 4540.....

P. O. Address...Hannibal...Missouri

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.