

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025930

FILED VS AUG 7 1959

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 22300

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1231 Church</u>	
3. NAME OF DECEASED (Type or print) First <u>BERTHA</u> Middle <u>BROWNING</u> Last <u>BROWNING</u>		4. DATE OF DEATH Month <u>July</u> Day <u>12</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/4/1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shelby County Missouri</u>	11. BIRTHPLACE (City and state or country) <u>U S A</u>
13a. FATHER'S NAME <u>John David Hines</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fohey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Mrs. Everett Turner, Hannibal Missouri</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of Ovaries</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>Jan 15 1959</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>no</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		20f. CITY, TOWN, OR LOCATION <u>Hannibal</u> COUNTY <u>Marion</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>July 25 1959</u> to <u>July 12 1959</u> and last saw her alive on <u>July 8 1959</u> Death occurred at <u>10:55</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. H. Anderson MD</u> (Degree or title)		22b. ADDRESS <u>108 W 6th St Hannibal Mo</u>	
22c. DATE SIGNED <u>7-27-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/14/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
24. FUNERAL DIRECTOR <u>W. Crawford Smith, Hannibal Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>July 30 1959</u>	
26. REGISTRAR'S SIGNATURE <u>St Em Leuka By A. O. Fisher</u>			

DOCUMENT

MEDICAL CERTIFICATION

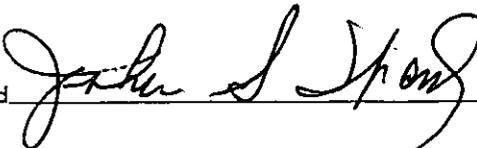
BY AFFIDAVIT OF

RECEIVED AUG 5 1959
MARION CO. HEALTH DEPT.
DATE FILED AUG 5 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 _____, Student Embalmer No. _____, 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.