URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-040951

FILED VS NOV 24 1959

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 355

STATE FILE NUMBER

ENDED

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 — Length of stay in 1b:	c. CITY OR TOWN: Hannibal — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Residence 321 North Seventh — Inside Limits: Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location): 321 North Seventh — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: LOUISE Middle: Last: ARP		4. DATE OF DEATH Month Day Year: November 8, 1959	
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 4/10/1871
9. AGE (last birthday): 88	IF UNDER 1 YEAR: Months 6 Days 28	IF UNDER 24 HR: 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): Germany	12. CITIZEN OF WHAT COUNTRY:
13a. FATHER'S NAME: Wilhelm Teuber	13b. MOTHER'S MAIDEN NAME: Christal Nickaloy	14. NAME OF HUSBAND OR WIFE: Otto Arp (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.:	17. INFORMANT Address: Miss Minnie Arp Hannibal Missouri	

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. 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 10-8-59

Death occurred at 10:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Earl LaMoine Rapp MD	22b. ADDRESS: 711 Grand	22c. DATE SIGNED: 11-11-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/11/1959	23c. NAME OF CEMETERY OR CREMATORY: Grand View Burial Park
23d. LOCATION (City, town, or county) (State): Hannibal Missouri		
24. FUNERAL DIRECTOR ADDRESS: W. Crawford Smith Hannibal Missouri	25. DATE RECD. BY LOCAL REG.: 11/12/59	26. REGISTRAR'S SIGNATURE: E. M. Tucker

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John S. Ireal

Licensed Embalmer No. [redacted] 4

P. O. Address Hannibal Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.