Dr Canella

URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 30 1960

60-011805

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 109

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Hannibal — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 2307 Chestnut — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Ona Middle: Lee Last: Norman

4. DATE OF DEATH Month Day Year: 3/14/1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/7/1894
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months Days — 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): Ralls Co.,
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: G. B. Dowell
13b. MOTHER'S MAIDEN NAME: Fannie E. Rose
14. NAME OF HUSBAND OR WIFE: R.C. Norman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: R. C. Norman, 2307 Chestnut Address: Hannibal, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma pytosis — INTERVAL BETWEEN ONSET AND DEATH: one year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Secondary emaciation — 3 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)
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 March 30, 1959, to March 14, 1960, and last saw her alive on March 14, 1960
Death occurred at 4:40 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jm Canella M D (Degree or title) M. D.
22b. ADDRESS 707 Bdwy, Hannibal, Missouri
22c. DATE SIGNED 3-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/16/1960
23c. NAME OF CEMETERY OR CREMATORY: GrandView 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.: 3/23/60
26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

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 co 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.