

WALTERSCHAID
FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046816

FILED VS JAN 16 1967

209

Primary Registration District No. 3043

Registrar's No. 515

STATE FILE NUMBER

INDEXED

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		c. CITY OR TOWN Hannibal	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shady Lawn Nursing Home		d. STREET ADDRESS (If outside, give location) 905 Church St.,	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Jane Middle Hart Last Hart			4. DATE OF DEATH Month 12/21/1960 Day 1960 Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/23/1876	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milliner-Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Hannibal, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Hart			13b. MOTHER'S MAIDEN NAME Norah Cullen		14. NAME OF HUSBAND OR WIFE - - - -		
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 William Hart, Jefferson City, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal pneumonia			INTERVAL BETWEEN ONSET AND DEATH 1 week				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive heart disease			1 month				
DUE TO (c) Arterio sclerosis			?				
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. <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 5:55 P.M. Month, Day, Year 12/13/60		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 Hannibal, Missouri	

21. I attended the deceased from 12/13/60 to 12/13/60 and last saw her/him alive on 12/13/60					
Death occurred at 5:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>J. W. Walterscheid M.D.</i>		22b. ADDRESS 1209 Broadway, Hannibal, Mo.		22c. DATE SIGNED 12/31/60	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/24/60		23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		23d. LOCATION (City, town, or county) (State) Hannibal, Missouri	
24. FUNERAL DIRECTOR H. M. O'Donnell, Hannibal, Mo.				25. DATE RECD. BY LOCAL REG. 1/4/61		26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Rucke by Lillian M. Freeman</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed *L. P. 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 conform 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.