

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014478

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 156

AMENDED

FILED MAY 4 1961

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal		c. CITY OR TOWN Hannibal	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If outside, give location) R R # 1	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MARY Middle ALICE Last DARING			4. DATE OF DEATH Month April Day 25 Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/24/1867	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months 6 Days 1
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) Pleasantville Ohio	
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME James K P Hite		13b. MOTHER'S MAIDEN NAME Minerva Jane Miller	
14. NAME OF HUSBAND OR WIFE John Daring (Dec. 2/22/1947)		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 Mrs. W. W. Abright Hannibal Missouri		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 3 days
IMMEDIATE CAUSE (a) Terminal pneumonia			
DUE TO (b) Congestive heart disease			
DUE TO (c) Generalized arteriosclerosis			?
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 _____ a.m. _____ p.m.	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.) Hannibal Marion Mo	20f. CITY, TOWN, OR LOCATION Hannibal Marion Mo	COUNTY	STATE
---	---	---	--------	-------

21. I attended the deceased from 4/2/61 to 4/25/61 and last saw ^{her}/_{him} alive on 4/25/61
Death occurred at 12:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>J. H. Watters M.D.</i>	22b. ADDRESS 1209 Broadway, Hannibal, Mo.	22c. DATE SIGNED 4/26/61
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/27/1961	23c. NAME OF CEMETERY OR CREMATORY Barkley Cemetery	23d. LOCATION (City, town, or county) New London Missouri
--	-------------------------------	---	---

24. FUNERAL DIRECTOR W. Crawford Smith, Hannibal Missouri	ADDRESS	25. DATE RECD. BY LOCAL REG. 4/28/61	26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke by Lillian M. Norman</i>
---	---------	--	--

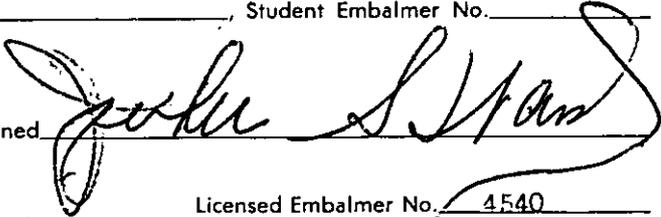
(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
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 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.