

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-033589

AMENDED

FILED SEP 29 1961

Primary Registration District No. 3043

Registrar's No. 322

STATE FILE NUMBER

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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) Hannibal		Length of stay in 1b		c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 305 Bird		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First AMANDA Middle BELLE Last DAELHOUSEN				4. DATE OF DEATH Month September Day 20 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 Oct. 9/1878	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 11 Days 11	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) Pike County Missouri		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Andrew Krighbaum			13b. MOTHER'S MAIDEN NAME Sarah Goodknight			14. NAME OF HUSBAND OR WIFE Red Daelhausen (Dec. 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. Robert McLaughlin 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) CVA						INTERVAL BETWEEN ONSET AND DEATH 4 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Central arteriosclerosis				
			DUE TO (c) Generalized art-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 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 a.m. p.m. 							
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		COUNTY STATE	
21. I attended the deceased from 9/19/61 to 9/20/61 and last saw her/him alive on 9/20/61 Death occurred at 11:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Inscribed or title) <i>[Signature]</i>				22b. ADDRESS 2910 St. Marys Ave., Hannibal, Mo.		22c. DATE SIGNED 9/22/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/23/1961	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial		23d. LOCATION (City, town, or county) (State) Hannibal Missouri		
24. FUNERAL DIRECTOR W. Crawford Smith Hannibal Missouri			25. DATE REC'D. BY LOCAL REG. 9-23-61		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

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 H. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Annibal Miss

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.