

FILED NOV 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38099**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 354	
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, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New London		0870	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital				d. STREET ADDRESS (If rural, give location) -			
3. NAME OF DECEASED (Type or Print) a. (First) LETA		b. (Middle) MAE		c. (Last) CONN		4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1951	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 14, 1893	
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months		IF UNDER 18 HRS. Days		Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Center, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Jake Kraft		13b. MOTHER'S MAIDEN NAME Alice Clary		14. NAME OF HUSBAND OR WIFE. Charles Conn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Conn, New London, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Ca of Breast				INTERVAL BETWEEN ONSET AND DEATH 7 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Radical Breast - with metastatic glands				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 170x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from see 1950 , to Nov 11, 1951 , that I last saw the deceased alive on Nov 4, 1951 , and that death occurred at 5:45a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS [Address]		23c. DATE SIGNED Nov-14-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/13/51		24c. NAME OF CEMETERY OR CREMATORY Barkley Cemetery		24d. LOCATION (City, town, or county) (State) New London, Mo.	
DATE REC'D BY LOCAL REG. 11-14-51		REGISTRAR'S SIGNATURE Dr. E.M. Luck		25. FUNERAL DIRECTOR'S SIGNATURE Kathryn A. Schwartz		ADDRESS Hannibal, Mo.	

RECEIVED NOV 17 1951
STATE DEPT. OF HEALTH
DATE FILED NOV 23 1951

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 _____

Jack Schwartz

Student Embalmer No. 4-40

working under my personal supervision.

Student *Jack Schwartz*
Student Embalmer

Signed

Harold Garman

Licensed Embalmer No. 3720

P. O. Address Monroe City, Mo

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 this body is not embalmed, fact should be so stated above.