

5. No. 300  
ev. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9078

FILED MAR 20 1952  
15722

BIRTH NO. 15722 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 67

3644  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>MAION</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MARION</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal 0644</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>420 N. 6th St</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Francis</b> b. (Middle) <b>AMSINGER</b> c. (Last) <b>AMSINGER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 10, 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>March 10, 52</b>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min. <b>45</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>0</b>
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME <b>Russell AMSINGER</b>	13b. MOTHER'S MAIDEN NAME <b>Rose Edler</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Russell AMSINGER</b> ADDRESS <b>Hannibal</b>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Present at birth</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital cystic kidney - Defective pulmonary system</b>		
	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. <b>Malnourished - Velamentous insertion of cord - Infants of placenta</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **3-10, 1952**, to **3-10, 1952**, that I last saw the deceased alive on **3-10, 1952**, and that death occurred at **9:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Arnold S. Siduch M.D.</b> (Degree or title)	23b. ADDRESS <b>226 Broadway - Hannibal, Mo</b>	23c. DATE SIGNED <b>3-10-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3-12-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>
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DATE REC'D BY LOCAL REG. <b>3-10-52</b>	REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke By Wehner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James O'Donnell</b> ADDRESS <b>Hannibal</b>
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RECEIVED MAR 18 1952  
MARION CO. HEALTH DEPT.  
DATE FILED MAR 16 1952

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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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Michael J. Donnell*

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.