

U.S. No. 300
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MAY 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17239

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> <u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>311 Jefferson, Hannibal Mo</u>	
3. NAME OF DECEASED a. (First) <u>GeTrude</u> b. (Middle) <u>-</u> c. (Last) <u>McGlosson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan. 31, 1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hannibal Mo</u>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>Richard McKay</u>	
13b. MOTHER'S MAIDEN NAME <u>Julia Brickley</u>		14. NAME OF HUSBAND OR WIFE <u>Walter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clyde Priest 311 Jefferson Hannibal Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Adenocarcinoma of lung</u> DUE TO (c) <u>of pancreas (Biopsy)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetes mellitus</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of pancreas</u>	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) <u>Hannibal Marion Mo</u>	
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 <u>1-28-52</u> , 19 <u>52</u> , to <u>4-18-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4/18/52</u> , 19 <u>52</u> , and that death occurred at <u>6:22</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. H. Watterscheid, M.D.</u>		23b. ADDRESS <u>508 Broadway Hannibal Mo</u>	23c. DATE SIGNED <u>4/18/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion Mo</u>
DATE REC'D BY LOCAL REG. <u>5-8-52</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By McFadden</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James O'Donney Hannibal Mo</u>	

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

RECEIVED MAY 12 1952
MARTIN CO. HEALTH DEPT.
DATE FILED MAY 12 1952

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. O'Connell

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.