Rolls
V.S. No. 300
Rev. 10-48

FILED JUL 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25083

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 218

1. PLACE OF DEATH
a. COUNTY Marion 0644
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hannibal
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Marion 0644
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hannibal
d. STREET ADDRESS (If rural, give location) 517 Grand Ave

3. NAME OF DECEASED a. (First) Elizabeth b. (Middle) Bessie c. (Last) Mulhern Garner

4. DATE OF DEATH (Month) (Day) (Year) July 6 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 12 1886
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. 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 (State or foreign country) Hannibal Missouri
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR ~~WIFE~~ Emmette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Emmette Garner 517 Grand Ave — ADDRESS Hannibal 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 151X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* July 6, 1952, *that I last saw the deceased alive on* 6 July, 1952 *and that death occurred at* 7:40 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M. Roller M.D.
23b. ADDRESS Hannibal Mo.
23c. DATE SIGNED July 7/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-8-52
24c. NAME OF CEMETERY OR CREMATORY ST. Marys Cemetery
24d. LOCATION (City, town, or county) Hannibal Marion (State) MO

DATE REC'D BY LOCAL REG. 7-10-52
REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. C. Fisher
25. FUNERAL DIRECTOR'S SIGNATURE James O'Donnell — ADDRESS Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 1 5 1952
MARION CO. HEALTH DEPT.
DATE FILED JUL 15 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'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.