

SEP 24 1952

STANDARD CERTIFICATE OF DEATH

State File No. 32288

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 287

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Hannibal, Missouri)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leonard, Missouri	
c. LENGTH OF STAY (In this place) 10 days		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Edna b. (Middle) Belle c. (Last) Wester			4. DATE OF DEATH (Month) (Day) (Year) Sept. 2-1952		
---	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 4-1885	9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 6 Days 28 IF UNDER 28 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 Same	11. BIRTHPLACE (State or foreign country) Liberty, Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	--	---	--	---

13a. FATHER'S NAME Z. Y. Winget		13b. MOTHER'S MAIDEN NAME Alpha Browning	14. NAME OF HUSBAND OR WIFE Lloyd Wester	
--	--	---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Lloyd Wester Shelbyville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Pelvic organs		
	DUE TO (c) Cerebral Hemiplegia		
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	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)
--	--	---

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 8/24, 1952, to 9/2, 1952, that I last saw the deceased alive on 9-1, 1952, and that death occurred at 4:45A m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) MD	23b. ADDRESS Hannibal, Mo.	23c. DATE SIGNED 9-10-52
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 9-5-1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion	24d. LOCATION (City, town, or county) (State) Bethel (Rural) Missouri
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. 9-10-52	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkeley Hawkins Shelbyville, Mo
---	--	--

RECEIVED SEP 22 1952
MARION CO. HEALTH DEPT.
DATE FILED SEP 22 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James D. Davis

Licensed Embalmer No. 4478

P. O. Address Stellings, Ma

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.