

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35676**

FILED OCT 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 30113 Registrar's No. 322

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived, all institutions: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (In this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>1222 Center St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1222 Center St</u>		d. STREET ADDRESS (If rural, give location) <u>1222 Center St.</u>	
3. NAME OF DECEASED a. (First) <u>Katherine</u> b. (Middle) <u>T.</u> c. (Last) <u>Gill</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20 52</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 2, 1874.</u>
9. AGE (In years last birthday) <u>77</u>		IF OVER 1 YEAR Months <u>10</u> Days <u>18</u>	IF OVER 4 Wks. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal Mo</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Correlius Lucy</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Conboy</u>	
14. NAME OF HUSBAND OR WIFE <u>Bert A.</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 <u>B. A. Hill</u>		ADDRESS <u>1222 Center St 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asteroid sclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> 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. <u>Auricular Fibrillation</u> Interval <u>6 months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4200</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) _____			
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 <u>12-12-51</u> , 19 <u>51</u> , to <u>9-20-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-19-52</u> , 19 <u>52</u> , and that death occurred at <u>4:40 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. L. Green</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>100 N. Sixth, Hannibal, Mo.</u>	
23c. DATE SIGNED <u>9-29-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-22-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St Marys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion Mo</u>	
DATE REC'D BY LOCAL REG. <u>10/13/52</u>		REGISTRAR'S SIGNATURE <u>H. C. Fisher Deputy</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Michael J. O'Donnell</u>		ADDRESS <u>Hannibal Mo</u>	

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

0044

189-1

(Licensed Embalmer's Statement on Reverse Side)

OCT 22 1952

RE. M. D.  
MARI. CO. HEALTH DEPT.  
DATE FILED OCT 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Michael J. O'Honell*

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.